(45)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02567 54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 29 Zone
STREET ADDRESS (If rural, give location): 126 Edgewood Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) J. (Last) ALLEN

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-9-1900

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newark, N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Allen

14. MOTHER'S MAIDEN NAME: Julia Lanahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — **(If Yes, give war or dates of service)** WW I

16. SOCIAL SECURITY NO.: 220-07-5007 Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) COR PULMONALE, WITH FAILURE OF RIGHT SIDE OF HEART,

DUE TO DURATION UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) PULMONARY EMPHYSEMA, DURATION UNKNOWN

DUE TO

(c) NONE

527.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18 1952, to March 19 1952, [illegible] and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE: W. Mandelguff (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** Mch. 21/52 — **NAME OF CEMETERY OR CREMATORY:** Baltimore National — **LOCATION (City, Town, or County) (State):** 5307 Frederick Rd Baltimore, Maryland - Zone 29

DATE REC'D BY LOCAL REG.: 3/20/52 — **REGISTRAR'S SIGNATURE:** A.W. Redmond

24. FUNERAL DIRECTOR — **ADDRESS:** Harry H. Witzke 4101 Edmondson Ave. Baltimore, Maryland - Zone 29

Item 7 FilmG140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

02568

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arnold Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2742 Guilford Ave

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) C (Last) Aman
4. DATE OF DEATH: (Month) Mar (Day) 13 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 5 1879
9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Lehapman
14. MOTHER'S MAIDEN NAME: Selina Little
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mildred D Stansbury 3507 N. Charles St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	3 days
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	? yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis	10 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21/43 19..... to March 13, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: Francis W. Gluck (Degree or title) M.D. ADDRESS: 3406 St Paul St DATE SIGNED: 3/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar 15 1952 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Rocky Ridge Md

DATE REC'D BY LOCAL REG.: 3/18/52 — REGISTRAR'S SIGNATURE: A W Pedrick

24. FUNERAL DIRECTOR: Harry J Ahrnsbrak — ADDRESS: 4204 Ridgewood Ave

Dr Gluck 346 St Paul 9 to 10 32

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02569

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station | LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 624 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station
STREET ADDRESS (If rural, give location) 624 Main St

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Ann (Last) Ball
4. DATE OF DEATH: (Month) Mar. (Day) 14, (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Dec. 5 1879 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Lancaster Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U. S. Gov

13. FATHER'S NAME: Fasco Nelson | 14. MOTHER'S MAIDEN NAME: Mariah Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Miss Julia M. Ball 801 N. Fremont Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Heart Attack — 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension 3 mos
(c) Heart Failure

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 3-15, 1952, that I last saw the deceased alive on 3-15, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur L. Johnson, MD — ADDRESS 423 Mt Pilla — DATE SIGNED 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-19-1952	Mt. Auburn	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/52	H. W. Fedrick	National Funeral Home	1631 Druid Hill Ave

DLK

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dundee 35 5620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02570

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A4

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Loch Raven Blvd. Extension

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): Loch Raven Blvd. Extension

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) BEAMER

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 27, 1884

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gate Tender

10b. KIND OF BUSINESS OR INDUSTRY: City Water Shed

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Beamer

14. MOTHER'S MAIDEN NAME: Mary Virginia Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Maude Solliday, Hillsboro, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident — Interval Between Onset and Death: 3 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease

(c)

4438

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 19 52, to 3/1, 19 52, that I last saw the deceased alive on 3/1, 19 52, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE: Gordon Gray (Degree or title) MD ADDRESS: 8323 Loch Raven Blvd Towson Md DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Removal
DATE THEREOF: March 3, 1952
NAME OF CEMETERY OR CREMATORY: Brown Funeral Home
LOCATION (City, town, or county) (State): Lovettsville, Virginia

DATE REC'D BY LOCAL REG.: March 3, 1952
REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02571

CERTIFICATE OF DEATH

Reg. Dist. No. 2d

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4011 Fordleigh Road

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) (Last) BEARMAN

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 19-52

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow — 8. DATE OF BIRTH — 9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Ky — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harris L. Hartz — 14. MOTHER'S MAIDEN NAME: Belle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Herbert Dearman - 3831 Menlo Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-vascular Disease — 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 19 51 to March 27 19 52, that I last saw the deceased alive on March 27, 19 52, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.S. Hartz	M D	5443 Park Heights	3/27/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/30/52	Herring Run	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 30 1952	Huntington Williams, M.D.	Jack Lewis Inc.	2100 Eutaw Pl.
April-52	A. M. Hedrick - Victor Harry		

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 410 Taylor Ave.

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) (Last) Beloate

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 14, 1885

9. AGE last birthday: 66 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Beloate

14. MOTHER'S MAIDEN NAME: Edith White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: M's Mary Davis 732 "A" Ave Norfolk, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. S. Kieffer McElwee Baltimore 1010 Leede Ave Mch 23 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-26-52

NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 3/24/52

REGISTRAR'S SIGNATURE: A W Bodine

24. FUNERAL DIRECTOR: Mathias A. Hensley ADDRESS: 578 W. Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Corkeysville Md
LENGTH OF STAY (in this place) 3 yrs 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Md~~ COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Rochelle N. Y.
STREET ADDRESS (If rural, give location) 24 Woodlawn Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Harry	Cecil	Berry,	March	20	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widower	Oct. 14, 1867	84 yrs.	5 Months	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mngr. Clinic Dept	F. A. Davis	Baltimore Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jesse L. C. Berry	Mary Eliz. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	219-01-2218	Laura M. Schroeder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive heart failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Cardio Vascular	
	DUE TO (c) heart Desease	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Mar. 20, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walter T. Kees	M D	Corkeysville	20 March 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/26/52	Greenmount Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/52	Laura M. Schroeder	Wm. Cook, St. Paul & Preston St	

COPY SENT TO ~~LOCAL~~ Ho REGISTRAR No. ____ DATE 3/26/52

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 1 hr 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1910 N. Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 1910 N. Rolling Rd

3. NAME OF DECEASED (Type or Print): (First) (Middle) Bollinger (Last)

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 29 19 52

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 7, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Milton Bollinger

14. MOTHER'S MAIDEN NAME: Eleanor Frances Wolff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Eleanor Bollinger (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atalectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Suffocation by fetal membranes

(c) Prematurity 34 days premature

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ingestion of fetal material in the mother

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1952, to March 29, 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 9 10 A m., from the causes and on the date stated above.

SIGNATURE Joshua H Armacost (Degree or title) M.D ADDRESS 6419 Windsor Mill Rd Baltimore Md DATE SIGNED 3-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 31-52

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 3 31 52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Elsworth Hoffacker ADDRESS 4600 Wash Blvd

VC 2.151-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Bond Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L. (Last) BOLLINGER

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-87

9. AGE last birthday: 65 (64) yrs.
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef

10b. KIND OF BUSINESS OR INDUSTRY: State Hospital

11. BIRTHPLACE (State or foreign country): Thurmont, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Bollinger

14. MOTHER'S MAIDEN NAME: Mollie Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Clinical Record, Vet. Adm. Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) INFARCTION OF MYOCARDUM DUE TO ARTERIOSCLEROTIC	ONE HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY THROMBOSIS, RECURRENT	
	DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED	UNKNOWN

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1952, to March 29, 1952, that I last saw the deceased ~~alive on~~ and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE Homer W. May, M.D. (DEGREE OR TITLE) M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 3-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** Apr 2 1952 — **NAME OF CEMETERY OR CREMATORY** DRUID RIDGE CEMETERY — **LOCATION** (City, town, or county) PIKESVILLE, MARYLAND (State)

DATE REC'D BY LOCAL REG. 3-30-52 — **REGISTRAR'S SIGNATURE** Mary B. Sline

24. FUNERAL DIRECTOR William Derryman and Sons, Reisterstown, ADDRESS Md.

RECEIVED
APR 3 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24
STREET ADDRESS (If rural, give location): 441 Folcroft Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) L. (Last) BOLTON

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-24-74

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Core Maker Foundry Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Bolton

14. MOTHER'S MAIDEN NAME: Jennie (MN-Unknown)

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

581(2)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12 1952, to March 13 19 52, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS — DATE SIGNED

THOMAS C. STANSBURY, JR., M. D. VAH, FORT HOWARD, MD. 3-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: MAR. 15, 1952

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/14/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Charles S. Zeiler Funeral Home, 901 S. Conkling Street, Baltimore, Maryland

VS. A15 8-51

M.D.

MARYLAND STATE DEPARTMENT OF HEALTH 02577

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKVILLE
LENGTH OF STAY (In this place) 32 YRS.
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS 8017 HIGH POINT RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKVILLE
STREET ADDRESS (If rural give location) 8017 HIGH POINT RD

3. NAME OF DECEASED (Type or Print) (First) NUNZIO (Middle) (Last) BONANNO

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH MARCH 25 1881

9. AGE last birthday 70 yrs. If under 1 year Months 11 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR

10b. KIND OF BUSINESS OR INDUSTRY RETIRED.

11. BIRTHPLACE (State or foreign country) CALASCIBETTA - ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME PIETRO BONANNO

14. MOTHER'S MAIDEN NAME MARIA DITERMINI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT FILOMENA BONANNO 8017 HIGH POINT RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Carcinoma — Interval Between Onset and Death: 1 yr.

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum — 1 1/2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to March 21, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. Grant, M.D. ADDRESS 3100 Hanford Rd. DATE SIGNED 3/21/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF MARCH 24 52 | NAME OF CEMETERY OR CREMATORY ST. VINCENT | LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE REC'D BY LOCAL REG. March 22 1952 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Frank Della Rocca ADDRESS 322 S. High St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02578

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): LOLA BORING

2. DATE OF DEATH: MARCH 11, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland Blackberger

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4209 South Western Blvd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE ~~CITY~~
D. STREET ADDRESS (If rural, give location): 4209 South Western Blvd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Aug: 23: 1875	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Baltimore Maryland	USA

13. FATHER'S NAME: John W. Hanes

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	**********	None	James Fallon Jr.	1039 Beachfield A

CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemmhoge — Interval between onset and death: 72 hrs

DUE TO

(B) Essential Hypertension

DUE TO

(C) General arteriosclerosis

331K ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO CAUSE GIVEN IN I

19. DATE OF INJURY: m. | WHILE AT WORK ☐ | NOT WHILE AT WORK ☐

22. *I hereby certify that I attended the deceased from* Oct 19 41, 19 41, *to* March 11, 1952, *that I last saw the deceased alive on* 3/9, 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	M. D.	23B. ADDRESS	23C. DATE SIGNED
J M Collins		3321 Frederick Ave	3.13.'52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAR: 14/52	LOUDON PARK CEMETERY	BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 14 1952	Huntington Williams M.D.	J. Kilpatrick & Son	

VS 150 — Dr. Geo. S. M. Riffle

F.B. WIPPERT & SON 1300 EUTAW PL. 17

correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—FADING INK. Every item of information should be carefully supplied. The correct age is especially important; please write the causes of death clearly and legibly.

VS-AUG

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Md. — LENGTH OF STAY (In this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 Melrose Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Catonsville
STREET ADDRESS (If rural, give location): 111 Melrose Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Dorothy	Bossert	March	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	June 4, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Maryland	U.S.A.

13. FATHER'S NAME: William Koppe
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Albert Bossert 786 Grantley St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis, generalized — Unknown

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers, malnutrition — 3-4 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 20, 1950, to March 13, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephenson Mayfield	M.D.	Catonsville 28, Md	3-14-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-17-52	London Park	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-14-52	V. E. Harry	Geo. L. Schwab	2101 Frederick Ave.

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 269 W. HELEN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK. (22); STREET ADDRESS (If rural, give location) 269 ST. HELENA AVE.

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) SCHILB (Last) BOWERS

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WID. W

8. DATE OF BIRTH: 19 JULY, 1862

9. AGE last birthday: 89 yrs.; If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB SCHILB

14. MOTHER'S MAIDEN NAME: JOHANNA LINK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CARLTON H. BOWERS, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chronic	5 years
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to March 22, 1952, that I last saw the deceased alive on March 22, 1952, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ward F. McCollum M.D. 33 Eastern Ave. Dundalk Md. March 24, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF 3-24-52; NAME OF CEMETERY OR CREMATORY: BALTIMORE; LOCATION (City, town, or county) (State): BALTO, Md.

DATE REC'D BY LOCAL REG.: March 24-1952

REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR ADDRESS: Charles Kroder Funeral Home, 22

RECEIVED
MAR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62781

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville | LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2716 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 2716 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) T. (Last) Brauer

4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/8/99

9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Balto. City Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph F. Vitek

14. MOTHER'S MAIDEN NAME: Barbara Bursick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Ewald Brauer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum with Generalized Metastasis

154X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47, to Mar 27, 1952; that I last saw the deceased alive on Mar 15, 1952; and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Leslie Lefon M.D. 705 Medical Bldg. 3-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/29/52 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/28/52 | REGISTRAR'S SIGNATURE: C W Pearce

24. FUNERAL DIRECTOR — ADDRESS: Lauchlin Funeral Home 7401 Belair Rd.

Dr. Lebo
Medical Arts
Bldg

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6632 Altamont Ave	STREET ADDRESS (If rural, give location): 6632 Altamont Ave

3. NAME OF DECEASED (Type or Print): (First) Delilah (Middle) Elizabeth (Last) Brown			4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: June 30 1890	9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary	10b. KIND OF BUSINESS OR INDUSTRY: Nursing	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Wm L Watkins		14. MOTHER'S MAIDEN NAME: Laura M Mills		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs John R Brown	6632 Altamont Ave	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Heart Disease	
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo W Kieffer	MD	1010 Eastern Ave Balto	March 31, 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/3/52	Ivy Hill C & M.	Alexandria, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/52	[illegible]	Wm. J. Tickner & Sons	

DMK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Montrose Ave E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 311 Montrose Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ANN (Last) BUSCHMAN

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 27 - 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar. 30 - 1913

9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto.. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ikel

14. MOTHER'S MAIDEN NAME: Mary Maybe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Breast — DUE TO

170 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 Yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Feb. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Right Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1950, to March 27, 1952, that I last saw the deceased alive on March 27, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE J. Micelli (DEGREE OR TITLE) M.D. ADDRESS 427 Eastern Ave, Baltimore 21, Md DATE SIGNED 3/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-29-52

NAME OF CEMETERY OR CREMATORY St Paul's Cem.

LOCATION (City, town, or county) O'Donnell Hts (State) Md

DATE REC'D BY LOCAL REG. 3/27/52

REGISTRAR'S SIGNATURE R W Hahn

M. FUNERAL DIRECTOR John F. Connelly ADDRESS 418 Eastern Ave

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY. Every item of information should be carefully supplied. correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

correct age

VS. A65

1. NAME OF DECEASED (Type or Print): Mary E. Byrd

2. DATE OF DEATH: 3-24-52

3. PLACE OF DEATH: A. Baltimore City, Maryland 3-Ridge Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Ridge-Ave LANSDOWNE-27

c. Length of stay in Baltimore: 44 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27, Md.
D. STREET ADDRESS (If rural, give location): 3 Ridge Ave. - LANSDOWNE-27

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FEMALE	White	Married	8-17-1874	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	S. Carolina	U.S.A

13. FATHER'S NAME: Jacob Mord

14. MOTHER'S MAIDEN NAME: EMMALINE FRIER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	NONE	CHARLES B. Byrd	3-Ridge Ave.

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Coronary Arteriosclerosis — ?

DUE TO

(C) Hypertension — ?

420.1 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. *I hereby certify that I attended the deceased from* Mar 17, 1952, *to* March 24, 1952, *that I last saw the deceased alive on* March 24, 1952, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: K Kunkert M. D.

23B. ADDRESS: 400 N. Hilton

23C. DATE SIGNED: 3/-

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 3-26-52

24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK

24D. LOCATION (City, town, or county) (State): BALTO. MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: MAR 26 1952

REGISTRAR'S SIGNATURE: Huntington Hilligan, M.D. A. H. Hedrick

25. FUNERAL DIRECTOR: Off C. Walker

ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Harewood Park. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 14 Box 380

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harewood Park.
STREET ADDRESS (If rural, give location) Route 14 Box 380

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) E. (Last) Carback.

4. DATE OF DEATH: (Month) (Day) (Year) March 13 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20-1904

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Gunstrum

14. MOTHER'S MAIDEN NAME: Louisa V. Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Leonard M. Carback.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 3-12-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Cerebral arteriosclerosis & Hypertension — 2 yrs.

DUE TO (c)

334X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951 to March 13 1952, that I last saw the deceased alive on March 13, 1952 and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. M. Baumgardner M.D. Balto 6 Md 3-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/15/52 — NAME OF CEMETERY OR CREMATORY Ebenezer. — LOCATION (City, town, or county) (State) Bird River Rd. Md.

DATE REC'D BY LOCAL REG. 3/14/52 — REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR John A Connelly. — ADDRESS 418 Eastern Ave Balto. 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4305 Belmar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 4305 Belmar Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) Carney

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 7-1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter

10b. KIND OF BUSINESS OR INDUSTRY: Balto Copper Works.

11. BIRTHPLACE (State or foreign country): England.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-10-1559

17. INFORMANT Mrs John J. Carney, 4305 Belmar Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Colon — Interval between onset and death: 1½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

1 2X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nodes Palpated

19a. DATE OF OPERATION Sept 1951

19b. MAJOR FINDINGS OF OPERATION Cancer of Colon and Abdominal Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1951, to 3-17-52, that I last saw the deceased alive on 3-16, 1952 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Goudy M.D. ADDRESS 5106 Harford Road DATE SIGNED 3-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/20/52 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. Mar. 18-52 — REGISTRAR'S SIGNATURE, Mrs. A. L. Reisender

24. FUNERAL DIRECTOR Lussalm Funeral Home — ADDRESS 7401 Belair Rd.

VS. A15

RECEIVED
MAR 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 213 Penn St. Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) (Last) CARROLL

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 5/ /96

9. AGE Last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe Carroll

14. MOTHER'S MAIDEN NAME: Lilly Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: 218 01 3485

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) METASTATIC CARCINOMA OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

155X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY Ooccur?

22. I hereby certify that I VA attended the deceased from Feb. 21, 1952, to Mar. 9, 1952 and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert H. Rector, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 3/9/52

ROBERT RECTOR, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-13-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-12-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Walter B Spriggs 139 W. Hamburg St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. 45 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: B.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deale
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) W. (Last) CLARK

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-20-96

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: American Red Cross

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lineal Wilson

14. MOTHER'S MAIDEN NAME: Lillie Moxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — **(If Yes, give war or dates of service)** WW I

16. SOCIAL SECURITY NO.: 577-07-8881

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF LARYNX WITH METASTASIS	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

161X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. **INJURY OCCURRED While at work ☐ Not while at work ☐** **HOW DID INJURY OCCUR?**

22. I hereby certify that VA attended the deceased from March 15 19 52, to March 29 19 52, [illegible], and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE: Howard W. May (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** 4.2.52 — **NAME OF CEMETERY OR CREMATORY:** Arlington National — **LOCATION (City, town, or county) (State):** Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: Mar. 29 52 — **REGISTRAR'S SIGNATURE:** Dawson L. Barber

24. FUNERAL DIRECTOR: W. W. Chambers Co., Washington, D. C. — **ADDRESS:**

RECEIVED
APR 1 19[illegible]
BUREAU V. S.

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02581

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY ------
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carlisle
STREET ADDRESS (If rural, give location) 160 W. Pomfret St.

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) M. (Last) CLARKE
4. DATE OF DEATH: (Month) Mar. (Day) 24, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 22, 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilbur F. Horn
14. MOTHER'S MAIDEN NAME: Elizabeth Cornelius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. W. C. Clarke, Jr. -920 Regester Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Senility

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to March 24 1952, that I last saw the deceased alive on March 24, 1952, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Laurence C. Fox M.D. 6805 York Rd. 3/25/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/25/52	Old Graveyard	Carlisle, Penna.

DATE REC'D BY LOCAL REG. 3-25-52 | REGISTRAR'S SIGNATURE a w Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tichenor & Sons Balto Md.

3-27-52 Mable C. Gray

RECEIVED
MAR 28 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. 443 DATE 3/26/52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) DOUGLAS (Last) COCKEY

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married. | 8. DATE OF BIRTH: Sept 27 1882 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker | 10b. KIND OF BUSINESS OR INDUSTRY: Private Estate | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Cockey | 14. MOTHER'S MAIDEN NAME: Laura Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of service): No. | 16. SOCIAL SECURITY NO.: 211-302-561 | 17. INFORMANT AND ADDRESS: Nettie Cockey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — Interval Between Onset and Death: 10 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples | (Degree or title): Deputy Med. Exam. M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: Mar 23 '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/26/52 | NAME OF CEMETERY OR CREMATORY: Poplar Grove | LOCATION (City, town, or county) (State): Cockeysville, Md

DATE REC'D BY LOCAL REG. 3/25/52 | REGISTRAR'S SIGNATURE: a. W. Eaton | 24. FUNERAL DIRECTOR: Frank H. Newell | ADDRESS: Cockeysville, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 26 1952
BUREAU OF V. S.

COPY SENT TO CHO LOCAL REGISTRAR NO.____ DATE 9/26/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 1 Kane Court

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) (NMI) (Last) COLEMAN

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-7-93

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Cambridge Hospital

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Coleman

14. MOTHER'S MAIDEN NAME: Rita Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CARCINOMA OF RECTUM — Interval Between Onset and Death: 8 Months

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO — (b)

DUE TO — (c)

154X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-13-52

19b. MAJOR FINDINGS OF OPERATION: Excision of lymph nodes, groins, bilateral

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 19 52, to March 5, 1952, [illegible] and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett — (DEGREE OR TITLE) ADDRESS: JACK M. BURNETT, M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-8-52 — NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 3/11/52 — REGISTRAR'S SIGNATURE: Dawson L. Parker

24. FUNERAL DIRECTOR — ADDRESS: Lewis Henry Funeral Home Cambridge, Md.

8 m. m

VS-415 8-51

COPY SENT TO ~~LOCAL~~ REGISTRAR No. CHO DATE 3/11/59

RECEIVED
MAR 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02592

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — MARYLAND — LENGTH OF STAY (in this place) 11yrs. 4 mos. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Tr. School.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Baltimore~~ — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland, — STREET ADDRESS (If rural, give location) RFD #5, Box 334.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Randolph	Connell	3	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	3-3-33	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	inmate	Washington, D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul A. Connell	Dorothy Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningococci meningitis — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Injury at 3 months (fractured skull) with secondary infection, osteomyelitis.

J-7.0 (c) Spastic diplegia - since 3 months of age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 11, 19 52, to 3-17, 19 52, that I last saw the deceased alive on 3-17-52, 19, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.B. Burlew M.D.	Owings Mills, Md.	3-20-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	3/27/52	Cedar Hill	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/52	Alice Hudson	Wm. Cook Inc.	127 St. Paul St.

3/27/52 Mary Elene Drew (CME)

RECEIVED
27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 3 mos. 25 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1710 Ellamont Street Baltimore 16, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Cecilia (Last) Connor

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12-16-1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Governess

10b. KIND OF BUSINESS OR INDUSTRY: Private Homes

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Matthew Connor

14. MOTHER'S MAIDEN NAME: Mary Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Miss. Lillian Connor--Sister 1710 Ellamont St., Baltimore 16, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio-respiratory failure — Interval between onset and death: 2½ hours

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic heart disease — Years

DUE TO (c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29, 19 51, to Mar. 21, 19 52, that I last saw the deceased alive on 3-21, 19 52, and that death occurred at 1.30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Greene MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 3-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-24-1952 — NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park — LOCATION (City, town, or county) (State) Elkridge, Md.

DATE RECD BY LOCAL REG. 3/21/52 — REGISTRAR'S SIGNATURE Nat. Reed

24. FUNERAL DIRECTOR G. Howard Strong — ADDRESS 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 70 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 7915 Hillandale Road

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) CORADAZZY

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-8-74

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marble Setter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MESENTERIC THROMBOSIS — 6 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-16-52

19b. MAJOR FINDINGS OF OPERATION: Incision and Drainage of Right Subdiaphragmatic Abscess

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.10, 1952, to March 20 1952, [illegible] and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (DEGREE OR TITLE) ADDRESS: JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 3-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/24/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/21/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: William Cook, Inc. St. Paul & Preston Sts. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton. LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7620 Bellair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton.
STREET ADDRESS (If rural give location): 7620 Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L (Last) Councilman

4. DATE OF DEATH: (Month) March (Day) II (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: Oct 30. 1875.

9. AGE last birthday: 76. yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware. Store.

10b. KIND OF BUSINESS OR INDUSTRY: Owner.

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U S a.

13. FATHER'S NAME: Carville B Councilman.

14. MOTHER'S MAIDEN NAME: Emma Bamberger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Mrs J. L. Councilman. 7620 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate with metastases — Interval between onset and death: 1½ yrs.

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 15 yr.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1950, to Mar. 11, 1952, that I last saw the deceased alive on Mar. 11, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Adam Gluvis (Degree or title): M. D. ADDRESS: 6232 Belair Rd, Balto. 6. Md. DATE SIGNED: Mar. 13, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3rd Il-1952. | NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery | LOCATION (City, town, or county): Balto (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 14 1952 | REGISTRAR'S SIGNATURE: Mrs. A. L. Reifsnider | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd.

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2596

Reg. Dist. No.....

PLEASE WRITE PLAINLY IN INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

correct age

VS. A/B T

1. NAME OF DECEASED (Type or Print): Jacob Crammer

2. DATE OF DEATH: Mar. 26-1952

3. PLACE OF DEATH: A. Baltimore City, Maryland Parkville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2530 Windsor Road

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2530 Windsor Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 16-1877
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scranton, Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chester Crammer
14. MOTHER'S MAIDEN NAME: Caroline Pfaff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 170-09-3251
17. INFORMANT: Mrs. J. Hilbish ADDRESS 2530 Harris - Windsor

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

(b) Arterio sclerotic Cardio — 18-Aug

DUE TO

(c) Vascular Disease — 1949

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. *I hereby certify that I attended the deceased from* 18-Aug, 1949, *to* 26-Mar, 1952, *that I last saw the deceased alive on* 26-Mar, 1952 *and that death occurred at* 6.45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas W. Edwards M. D.
23B. ADDRESS: 2746 The Alameda
23C. DATE SIGNED: 27-Mar-52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/29/52
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Scranton, Pa

DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 1952
REGISTRAR'S SIGNATURE: Huntingdon Valley, Pa.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1259

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
D.C., Washington
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 508 9th Street

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Thomas (Last) Crismond

4. DATE OF DEATH: (Month) March (Day) 28, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1-1-1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Unknown	Maryland	U.S.

13. FATHER'S NAME: John Thomas Crismond

14. MOTHER'S MAIDEN NAME: Estelle Neil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Mrs. Alice Huff, 1000 Potomac Ave., S.E. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Congestion & Edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Confluent Lobular Pneumonia	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer & Terminal Bf.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1950	Prostatectomy	Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 19 46, to 3-28, 19 52, that I last saw the deceased alive on 3-28, 19 52, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE Wm. A. Penn (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hospital Catonsville 28 Maryland DATE SIGNED 3-28-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/52	CEDAR HILL	Pr. Georges Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-52	V. E. Harris	W W Chambers Co.	5th 11th St. SE. WASHINGTON D.C.

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 75 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: U

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (NMI) (Last) DARTINA

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-15-1900

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Entertainment

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward J. Dartina

14. MOTHER'S MAIDEN NAME: Elizabeth Klaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 197-03-1514

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CIRRHOSIS OF LIVER — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 19 51, to March 11, 19 52, [illegible] and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury, Jr., M. D.

(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 3-12-52

NAME OF CEMETERY OR CREMATORY: Hatboro Cemetery

LOCATION (City, town, or county) (State): Hatboro, Pennsylvania

DATE REC'D BY LOCAL REG.: 3/12/52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

SHIP TO: Felty Funeral Home, Hatboro, Pennsylvania — Mrs. Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Overhill Rd. - Box 44

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
STREET ADDRESS (If rural, give location) Box 44 - Overhill Rd - Rural

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) (Last) DAVIES

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Sept-16-1865

9. AGE last birthday: 86 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Toolmaker

10b. KIND OF BUSINESS OR INDUSTRY: Mining Tools

11. BIRTHPLACE (State or foreign country): SCOTLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Davies

14. MOTHER'S MAIDEN NAME: Amelia Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Edward Clough -------Box 44, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 years

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1948, to March 31, 1952, that I last saw the deceased alive on March 31, 1952, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin F Pierpont M.D. 8204 Liberty Rd Balto 7 Md 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/3/52

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.

LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: April 2, 1952

REGISTRAR'S SIGNATURE: H. A. Kedenburg

24. FUNERAL DIRECTOR. ADDRESS: Wm. J. Volmer & Sons Balto 11, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2611

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Ba to. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN police
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 212 Forrester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1901 E. 31st St.

3. NAME OF DECEASED (Type or Print): (First) M. (Middle) GERTRUDE (Last) DEISE
4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 2, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Dittmar
14. MOTHER'S MAIDEN NAME: Anna Magnus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Mr. Louis F. Deise - 1035 E. 30th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Breast — 4 years

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1946
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1946, to March 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: A. S. Halfpenny (Degree or title) ADDRESS: 6710 York Road. DATE SIGNED: March 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 3/17/52 | NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk. | LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG.: 3/14/52 | REGISTRAR'S SIGNATURE: C. W. Bishop | 24. FUNERAL DIRECTOR: Wm. J. Lichner & Sons | ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (52)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATD 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND Md
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgley, West Virginia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Nora (Middle) (Last) Dietrich

4. DATE OF DEATH: (Month) Mar. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 14 1871

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Keyser, W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Summers unknown

14. MOTHER'S MAIDEN NAME: unknown Mary Midcalf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-24-5418

17. INFORMANT & ADDRESS: Laura M. Schroder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	2 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1952, to Mar. 29, 1952, that I last saw the deceased alive on Mar. 29, 1952, and that death occurred at 11.25 P m., from the causes and on the date stated above.

SIGNATURE Walter T. Rees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md DATE SIGNED 3/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF Mar 30 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. 3-31-52
REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR George funeral Home ADDRESS Green St Cumberland Md

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

52602

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Ave. Emmaeost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1503 Lochwood Rd

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) J. (Last) Dorney
4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4/18/1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co
11. BIRTHPLACE (State or foreign country): Hartford Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luckton Dorney
14. MOTHER'S MAIDEN NAME: May (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-1814
17. INFORMANT AND ADDRESS: Neil Dorney 5100 Fredrick Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) adenocarcinoma of the sigmoid colon

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of S. sigmoid with hepatic metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1951, to 3/17, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. T. Cox 3rd M.D. 20 E. Preston St. Apt 2. 3/18/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/20/52	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/52	A. W. Hedrick Deputy	A. M. Cox Inc.	1217 St. Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A.-.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover

STREET ADDRESS (If rural, give location): Box 18

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) S. (Last) DOWGALSKI

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 5-18-19

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hanover, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Dowgalski

14. MOTHER'S MAIDEN NAME: Katherine Demcenski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: 213-30-5291

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED, — 1 yr

Antecedent cause(s) DUE TO ACTIVE, WITH PLEURAL EFFUSION, BILATERAL

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

002 X (322.1)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ALCOHOLISM, CHRONIC — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1952, to Mar. 8, 1952, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

PAUL F. RICHARDSON, M.D. — VAH, FORT HOWARD, MARYLAND — 3-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-11-52

NAME OF CEMETERY OR CREMATORY: Lorraine Mausoleum

LOCATION (City, town, or county) (State): 6 E. Franklin, Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/10/52

REGISTRAR'S SIGNATURE: A W Redmon

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler, Inc. Eastern Ave. & Wolfe Sts. Baltimore, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 233 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 651 N. Peach Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WESLEY (Last) DOWNES

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-22-76

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Downes

14. MOTHER'S MAIDEN NAME: Elizabeth Welder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) PI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) BRONCHOPNEUMONIA, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)

DUE TO (c)

4128

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS, GENERALIZED — 1 year

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28 19 51, to March 17 1952, [illegible] and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 3-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-19-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/19/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR (Name): Mildred J. Blight — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland

Item 8 & 9: Funeral Director's Statement. 3/18/52 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2695

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) South Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Caywood (Last) Duvall, Sr.

4. DATE OF DEATH: (Month) 3/15/52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 11, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles T. Duvall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Hazel Duvall, S. Rolling Rd. Cat 28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung — Interval Between Onset and Death: 1 yr

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 11 '51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1952, to 3/15, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 2.20 A.m., from the causes and on the date stated above.

SIGNATURE: John Hecht Jr. (Degree or title) M.D. ADDRESS: 20 E. Preston St. - Balt. 2, Md. DATE SIGNED: 3/17/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 3/19/52

NAME OF CEMETERY OR CREMATORY: Loudon Pk.

LOCATION (City, town, or county) (State): 3801 Frederick Rd. Balto. 29, Md.

DATE RECD BY LOCAL REG.: 3/17/52

REGISTRAR'S SIGNATURE: Mrs Rebecca Harris

24. FUNERAL DIRECTOR: Garrett-Innis

ADDRESS: 4101 Edmondson Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE-19 MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS Pt.; LENGTH OF STAY (in this place) 13 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7403 Linwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE A.S.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IN; STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) F. (Last) ELLIOTT.

4. DATE OF DEATH: (Month) MAR. (Day) 28. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jul 11. 1881.

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER.

10b. KIND OF BUSINESS OR INDUSTRY: FOOD PRODUCTS.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM ELLIOTT.

14. MOTHER'S MAIDEN NAME: MATHILDA (LAST UNKNOWN).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 214-12-4260

17. INFORMANT: RUBY ELLIOTT (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL FAILURE	15 MIN.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERY DISEASE.	1 YR.
	(c) HYPERTENSIVE CARDIO VASCULAR DISEASE	6 YR.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN., 1951, to MAR. 18, 1952, that I last saw the deceased alive on MAR. 18, 1952, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis N. Tellin.	M.D.	6908 North Point Rd. Balto. 19	3/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-1-52	Oak Lawn	Eastern Ave	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/52	A.W. Redmond Jr.	Mildred T. Blight	6009 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Towson. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY T
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3102 Bayonne Ave

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) L. (Last) Ernsberger
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 9-1863
9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis J. Langley
14. MOTHER'S MAIDEN NAME: Agnes Bone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Miss Edna Ernsberger - 3102 Bayonne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: 4 days.

3/31 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis & Hypertension — Interval Between Onset and Death: Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Towson 4 - Md DATE SIGNED 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/31/52 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG. 3/31/52 | REGISTRAR'S SIGNATURE: W. R. Pickard | 24. FUNERAL DIRECTOR: E. J. Kluck | ADDRESS: 5305 Harford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Green
Towson
Allegheny Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dublin

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS 3015 (If rural, give location) Wells Ave

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) (Last) Fenelock
4. DATE OF DEATH: (Month) Mar (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 9 1894
9. AGE last birthday: 57 (57 yrs) If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James Fenelock 3015 Wells Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Bronchus R — Interval Between Onset and Death: 4 wks

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 15
19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca. of Bronchus R middle Lobe
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952 to March 30, 1952 that I last saw the deceased alive on March 30, 1952 and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M D ADDRESS 620 Dr. Kelly Bldg DATE SIGNED 4-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 3 52
NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary
LOCATION (City, town, or county) (State): Luzerne Pa.

DATE REC'D BY LOCAL REG.: April 3-1952
REGISTRAR'S SIGNATURE: William M. Kelly
24. FUNERAL DIRECTOR: [illegible] Funeral Home
ADDRESS: [illegible]

RECEIVED
APR 14 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ..669

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 2735 N. Calvert St

3. NAME OF DECEASED: (First) Mrs Vernie (Middle) May (Last) Fillery
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Nov. 18 - 1884
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 4 Months Days — IF UNDER 24 HRS. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Graduate Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila. Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Monroe Cristy
14. MOTHER'S MAIDEN NAME: Florence L. Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Laura M. Schroder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	1 day
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Thrombosis	1 day
	DUE TO (c) Due to Arteriosclerotic Cardio Vascular heart disease	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19.52., to Mar. 20 19.52, that I last saw the deceased alive on Mar. 19., 19.52 and that death occurred at 12 25 P.m., from the causes and on the date stated above.

SIGNATURE Martin T. Cus (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 3/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3/22/52 NAME OF CEMETERY OR CREMATORY Montrose Cemetery LOCATION (City, town, or county) Phila (State) Pa

DATE REC'D BY LOCAL REG. 3/24/52 REGISTRAR'S SIGNATURE Laura M. Schroder
24. FUNERAL DIRECTOR Wm. Cook, ADDRESS St Paul & Preston St

CMC

RECEIVED
24 19[illegible]
BUREAU W. S.

COPY SENT TO LOCAL REGISTRAR No. C46 DATE 3/24/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HOUSE IN THE PINES

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 3819 DOFIELD AVE

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) FLANAGAN

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 4-15-1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER- RET.

10b. KIND OF BUSINESS OR INDUSTRY: PRINTING

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK

14. MOTHER'S MAIDEN NAME: ELIZABETH —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): SP. AMERICAN

16. SOCIAL SECURITY NO.: 218-07-6093

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 hrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertension Cardio. Vascular Disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to Mar. 4, 1952, that I last saw the deceased alive on Mar. 4, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville-28, Md. 3-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-7-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county): Baltimore — (State): Md.

DATE REC'D BY LOCAL REG. 3-6-52 — REGISTRAR'S SIGNATURE: V. E. Harris

24. FUNERAL DIRECTOR ADDRESS: George D. Farley - Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1[illegible] 1952
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

62611

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY / Dutton Ave Balto @ MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE / Dutton Ave COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville / LENGTH OF STAY (in this place) 3.9 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	William	FRANCK	3	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	SINGLE	Aug 10 - 1851	100 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Same	Balto Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Franck	Elizabeth Rockenmayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Howard R. Hyde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular disease	10 yrs
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1950, to 10 March, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Frederick J.	M.D.	20 E. Preston St. — Balto. 2 Md	3/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/52	Greenmount Cem	Greenmount Ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/52	V. E. Harris	Chas. P. Towell 4427	Edmondson Ave

Dr John Nesbitt
20 E Preston St

RECEIVED
MAR 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

...61?

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Wolf Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 9 Wolf Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A (Last) Gardner
4. DATE OF DEATH: (Month) (Day) (Year) March 12, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Nov. 25, 1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elisha Cox
14. MOTHER'S MAIDEN NAME: Mary Bossom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: James Roy Gardner, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	3 hrs
422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic C.V. Disease with Auricular Fibrillation	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 19 52, to March 14, 19 52, that I last saw the deceased alive on March 12, 19 52, and that death occurred at 2:■ P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	3/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 15, 1952	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-14-52	Mary D. Eline	J.F. Eline & Sons	Reisterstown, Md.

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2613

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7402 Wenig Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 7402 Wenig Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DENNIS	WAYNE	GARMAN	March	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white		10-19-51		4½ mo.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Garman

14. MOTHER'S MAIDEN NAME: Dorothy Mekolon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: 7402 Wenig Avenue - 22 Mr. Charles Garman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration of vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 721.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) (COUNTY) (STATE) Dundalk-7402 Wenig Ave.-Baltimore County

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-3-52 12 noon m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Aspirated vomitus

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE [signature] (Degree or title) Ass't. Medical Examiner ADDRESS -700 Fleet St. DATE SIGNED March 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3/6/52	Christ Lutheran Ch. Cem.	Dundalk, Md.

DATE REC'D BY LOCAL REG. 3/6/52 REGISTRAR'S SIGNATURE [signature] Asst.

24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC, ADDRESS BALTO. 13, Md. [signature]

20 1212 4 1 L

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Chesley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 107 Chesley Ave.

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) J. (Last) GAVIN

4. DATE OF DEATH: (Month) March 6th, (Day) (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 13, 1894

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Production Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Shell Oil Co.

11. BIRTHPLACE (State or foreign country): Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Mulhall Gavin

14. MOTHER'S MAIDEN NAME: Emily Mulhall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 564-14-4408

17. INFORMANT: Mrs. Martin J. Gavin, 107 Chesley Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 2 days

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal Obstruction — 2 wks.

(c) Carcinoma of Prostate — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 19 51, to March 6 19 52, that I last saw the deceased alive on March 6, 19 52, and that death occurred at 4 10 m., from the causes and on the date stated above.

SIGNATURE Edward Benson (Degree or title) — ADDRESS 1W. Overlea Ave Balto 6 — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: March 10, 1952 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Balto., Md. Md.

DATE REC'D BY LOCAL REG. March 8th 1952 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County Balto
City or town Butler (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Balto
City or town Butler (If outside city or town limits, write RURAL and give nearest town)
Street No. Falls Rd. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Barbara Ellen Dent

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Wm. T. Dent
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) May 20, 1868

8. AGE: Years 83 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual occupation storekeeper
11. Industry or business owner Country Store
MOTHER FATHER
12. Name Josias Mallonee Sr.
13. Birthplace Balto Co. Md.
14. Maiden name Martha Tracey
15. Birthplace Balto Co. Md.
16. Informant Mrs Mabel O Smith
Address Butler, Md.
17. Burial (Burial, cremation, or removal Which?) Date thereof March 8, 1952 (month) (day) (year)
Cemetery or crematory Black Rock
Location Butler, Md.
18. Funeral director L. Scott Brooks
Address Sparks, Md.
19. 6 March 19 52 Ann Armistead MacRae (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1952 at 1030 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-30 19 to 3-5-52 19
and that I last saw her alive on 3-4-52 19
Immediate cause of death Cerebral Hemorrhage — DURATION 3 days
Due to Myocardiopathy — years
Due to Arteriosclerosis
Other conditions
3211
(Include pregnancy within 3 months of death)
Major findings of operations ____ Date of op. ____
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?
23. SIGNATURE Wm. L. Scott M. D. or other
Address Reisterstown Md. Date signed 3/6/52

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 10 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02616

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 1 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 6116 N Street

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) (Last) Glascoe
4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	1901	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington D.C.	

13. FATHER'S NAME: Eleazer Reid
14. MOTHER'S MAIDEN NAME: Martha O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital record, Rosewood, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Broncho - Pneumonia	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic endocarditis (Mitral)	Unknown
(c)	Progressive bulbar paralysis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 19 52, to 3-10, 19 52, that I last saw the deceased alive on 3-10, 19 52, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Rosewood State Training School, Owings Mills, Md.	3-10-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 13 '52	Rosewood	Owings Mills

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-52	Mary B. Eline	J.F.Eline & Sons,	Reisterstown, Md.

RECEIVED
MAR 18 19
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville; STREET ADDRESS (If rural, give location) Greenspring Drive

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) May (Last) Greb

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 24, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dalrymple

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Winfield Greb, Lutherville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho Pneumonia.	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unk.
	(c) Cerebral Arteriosclerosis	unk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1952, to 3/13, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 6:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bennett A. Bloem, M.D. ADDRESS Lutherville, DATE SIGNED 3/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 15, 1952 | NAME OF CEMETERY OR CREMATORY: Sater's Cemetery | LOCATION (City, town, or county) (State): Lutherville, Maryland

DATE REC'D BY LOCAL REG.: Mar. 15, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home 98 Smithwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGIANNA (Middle) (Last) GREEN
4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	single	Oct. 29, 1866	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas M. Green
14. MOTHER'S MAIDEN NAME: Sarah A. Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Olivia D. Howe - Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia Rt.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Accident
(c) Arteriosclerosis Generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Jan., 1952, to 2 Mar, 1952, that I last saw the deceased alive on 2 Mar, 1952, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. E. McGrath M.D. 1707 Edmondson Ave Catonsville 28 Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/52	Green Mount Cem.	Balto., Md.

DATE REC'D BY LOCAL REG. 3/7/52
REGISTRAR'S SIGNATURE Geo. Medinel
24. FUNERAL DIRECTOR ADDRESS
Wm. J. Wiskner & Sons Balto 17 Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02619

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 703 Newington Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) B. (Last) GRIGG

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-29-1900

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant (Unempl)

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): Alexandria, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Grigg

14. MOTHER'S MAIDEN NAME: Sarah Grigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 577-30-5888

17. INFORMANT & ADDRESS: Clin.Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) METASTATIC ADENOCARCINOMA, GENERALIZED	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ADENOCARCINOMA OF RECTUM	1 yr.
	DUE TO (c)	

154X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-25-51

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20, 19 52, to Mar. 22, 19 52, [redacted] and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Frank E Poole
FRANK E. POOTE M.D. — VAH Fort Howard, Md. — 3-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 3-24-52 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 3/24/52 — REGISTRAR'S SIGNATURE: J W Hanes

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 11, Md.

Ship To: Irvin Cohen Bros. 120 E. Eagle St. N.Y. Mildred F. Bright

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .62 30

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore, MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville, Maryland

LENGTH OF STAY (in this place) 1yr. 9mo. 17das

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Mdryland COUNTY Charles County

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Maryland

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Joseph	M. L.	Gruss, Sr.	March	10,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-21-1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	France	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alvysius Gruss	--- Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Joseph L. Gruss, Jr., Waldorf, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	Less 1 hr.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 19.51, to 3-10, 19.52, that I last saw the deceased alive on 3-10, 19.52, and that death occurred at 6 A.M. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Ethel B. Herrmann Grum M.D.	Spring Grove State Hospital, Catonsville 28, Md.	3-10-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-12-52	St Peters	Waedorf Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/12/52	Victor E. Barry CMC	Arnold F Ryon	Waedorf Md

RECEIVED
MAR 13 1952
BUREAU V. S.

SENT TO LOCAL REGISTRAR No. CH6 DATE 3/13/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4mo 28da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 514 Mississippi Av. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Fern	Catherine	Hall	May. 18 19 52

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	wid	Jan. 19, 1889	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew Buzick	Rose Sedack.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	unk	Bernard H Hall (son) 514 Mississippi Av Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cachexia	over 1 yr.
	(c) Generalized metastases of carcinoma	over yr

170 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. secondary to carcinoma of breasts — " 4 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
1948	Bilateral Carcinoma breasts	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1952, to 3-18, 1952, that I last saw the deceased alive on 3-18, 1952, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Ethel B. Herrmann-Drew	MD	Spring Grove State Hosp. Catonsville 28 Md	3/18/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 21	Mt Vernon Memorial Park	Fairfax Co. Virginia.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/19/52	V.E. Harry	Warner E Pumphrey	Silver Spring Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415 8-51

RECEIVED
MAR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5608 Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) Dr. (Middle) Cornelius (Last) Ham
4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Feb. 16, 1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
physician	general medicine	Kinsey, Ala.	U. S.

13. FATHER'S NAME: Ambrose Ham
14. MOTHER'S MAIDEN NAME: Charlotte Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Ida L. Ham Lochwood Apts., 5608 Loch Raven Blvd. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	12 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 48, to March, 19 52, that I last saw the deceased alive on March 18, 19 52 and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE: C. W. Williamson M.D. (Degree or Title) — ADDRESS: 3534 Edmondson Ave. — DATE SIGNED: 3 - 18 - 52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3 - 20 - 52	Loudon Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-20-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place
M D Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: (1We)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2326 E Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Martin (Last) Hamer

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-13-1899

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Hamer

14. MOTHER'S MAIDEN NAME: Dora Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Mrs. Edward Sapp (Sister) 2326 E. Fayette St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Lobar pneumonia--left-both lobes	6 days
	(c)	

490X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9-, 19 52, to 3-11-, 19 52, that I last saw the deceased alive on 3-11-, 19 52 and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Greene M D

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 3-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/15/52

NAME OF CEMETERY OR CREMATORY Maryland Mem. Pk

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/13/52

REGISTRAR'S SIGNATURE R. G. Helena

24. FUNERAL DIRECTOR Laurence F. Hoffman

ADDRESS 1639 Broadway

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. V 33

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Grove; LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring, P.O.
STREET ADDRESS (If rural, give location) Rural - Pleasant Grove

3. NAME OF DECEASED (Type or Print): (First) Gastoff (Middle) Jagart (Last) Harvey
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 5 - 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months 4, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Thomas Harvey
14. MOTHER'S MAIDEN NAME: Sarah Gassaway Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Rosa Philcoat (Boring, Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cold — 10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis — 5 yrs
(c) Arteriosclerosis & General debility — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952 to March 23, 1952, that I last saw the deceased alive on March 23, 1952, and that death occurred at ..... p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Cyril E Fowble M.D. Upperco Md. March 23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 26/52
NAME OF CEMETERY OR CREMATORY: Pleasant Grove
LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 3-24-52
REGISTRAR'S SIGNATURE: Mary B. Kline
24. FUNERAL DIRECTOR: Edw Tipton ADDRESS: Hampstead Md

RECEIVED
MAR 28 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 10yrs.1mos.9das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2125 N. Calvert Street

3. NAME OF DECEASED: (Type or Print) (First) Snowden (Middle) A. (Last) Haslup

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-19-1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Haslup

14. MOTHER'S MAIDEN NAME: Georgiana Spurrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Respiratory failure — 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Lobular pneumonia — 11 days

DUE TO

(c) Arteriosclerotic heart disease — Many years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Many years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-, 1952, to 3-27-, 1952, that I last saw the deceased alive on 3-27-, 1952, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Greene M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 3-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/28/52

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 3/27/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. J. Vickner & Son ADDRESS Balto. 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2625

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. | LENGTH OF STAY (In this place) 17 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 2905 DUNGLOW Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	EDWARD	HAUCK	3	5	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	White	MARRIED	AUG. 5, 1884	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
HEATER	STEEL MFGR	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN A. HAUCK	EMMA HEISERMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO NO	213-07-7301	MRS WILLIS T. REISINGER - DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, Chronic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.H. Davis M.D.	Dep. M.E. Baltimore - Woodlawn, Md.		3/5/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	3/8/52	OAK LAWN	BALTO. CO.	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 8-1952	William M. Kelly Jr.	Walter Bunker Bradley	Dundalk, Md

66-7-0

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LODGE FOREST [19]
LENGTH OF STAY (in this place): 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2410 EAST AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LODGE FOREST 19
STREET ADDRESS (If rural, give location): 2410 EAST AVE.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) ELIZABETH (Last) HEAD

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10 OCT. 1912

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK R. PRITCHARD

14. MOTHER'S MAIDEN NAME: BERTHA J. SHAFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-30-9473

17. INFORMANT AND ADDRESS: Wm. D. HEAD - 2410 EAST AVE - (19) SPARROWS PT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio - respiratory failure	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Carcinomatosis	1 year
	(c) Carcinoma of the breast	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to March 10, 1952; that I last saw the deceased alive on March 8, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Farber M.D. ADDRESS: Spenrows Point, Md DATE SIGNED: 3/10/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 3/14/52

NAME OF CEMETERY OR CREMATORY: MAPLEWOOD

LOCATION (City, town, or county) (State): ELKINS, W.VA.

DATE REC'D BY LOCAL REG.: March 11-1952

REGISTRAR'S SIGNATURE: Norman M. Keily Jr.

24. FUNERAL DIRECTOR: Walter Brooke Bradley, Dunbar, W.Va. ADDRESS

VS. M15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place): 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location): 407 Byrn Street

3. NAME OF DECEASED: (First) OMRO (Middle) G. (Last) HEARN

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-8-96	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Co.

11. BIRTHPLACE (State or foreign country): Wingate, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Frank Hearn

14. MOTHER'S MAIDEN NAME: Henrietta Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 214-07-7906

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) CARCINOMA OF LEFT LUNG — Unknown

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1952, to Mar. 8, 1952 [illegible] and that death occurred at 5:20 A.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett

(DEGREE OR TITLE) JACK M. BURNETT, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-11-52

NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery

LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. 3/10/52

REGISTRAR'S SIGNATURE: A W Hearn

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Home, High Street, Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 Taudem Bridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 215 Taudem Bridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Elizabeth (Last) Higgs

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/10/45

9. AGE last birthday: 7 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY? C

13. FATHER'S NAME: Robert Lee Higgs

14. MOTHER'S MAIDEN NAME: Elizabeth Wayfield.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert Lee Higgs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis (TOXIC)	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelo-nephritis, cystitis	5 days
751X	(c) Spina bifida, hydrocephalus, bladder cord	7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to 17 March, 1952, that I last saw the deceased alive on 17 March, 1952, and that death occurred at 8.00 A. m., from the causes and on the date stated above.

SIGNATURE: Stephen Lee Maguess (Degree or title) M.D. ADDRESS: Catonsville 28 DATE SIGNED: 3-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/19/52

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 3/19/52

REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR ADDRESS: MacNabb & Son, Catonsville 28, Md.

VS: A15

RECEIVED
MAR 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 (12634)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5 E. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Stanislaus		Holleran	3	2	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	3-10-1875	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	farming	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Holleran	Mary O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	—	Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardio-respiratory failure	1 hr
DUE TO		
Antecedent cause(s) 420.0 Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	many yrs.
DUE TO		
	(c) Senegalgid arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis " "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Mar 3, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wm. A. Rinn	M.D.	Spring Grove Hospital	3-2-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	3/4/52	University Med. School	Balto City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/4/52	V. E. Harry	Frances G. Hemsley	578 N. Bradford

RECEIVED
MAR 6 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '52

CERTIFICATE OF DEATH

Reg. Dist. No. 3-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2, Md.
STREET ADDRESS (If rural, give location) 353 N. Gay Street

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) (Last) Hoodman

4. DATE OF DEATH: (Month) (Day) (Year) March 9, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1898

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Crosby

14. MOTHER'S MAIDEN NAME: Laura Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mamie Hoodman (Self) 353 N. Gay Street, Baltimore 2, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	15 min.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cachexia	Over 7 mos.
	DUE TO (c) Carcinoma base of tongue with metastasis	Prior to Aug. 1951

141 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August, 1951

19b. MAJOR FINDINGS OF OPERATION: Advanced carcinoma base of tongue with metastasis to glands of neck

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — COUNTY — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1952, to 3-9, 1952, that I last saw the deceased alive on 3-9-52, 1952, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Hermann-Graue M.D. — ADDRESS Spring Grove State Hospital Catonsville 28, Maryland — DATE SIGNED 3-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/12/52 — NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 3/12/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc., — ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1953

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
LENGTH OF STAY (In this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) Joppa Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) White (Last) Howard

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 23 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Christian S. White

14. MOTHER'S MAIDEN NAME: Catherine Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Miss Elizabeth White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	5 years
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 2 years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 44, to 16 Mar, 19 52, that I last saw the deceased alive on 16 Mar, 19 52, and that death occurred at 12 50 P m., from the causes and on the date stated above.

SIGNATURE: Paul H Royal (Degree or title) M.D. ADDRESS: Pikesville 8 Md DATE SIGNED: 16 Mar 52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: March 17 1952 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county): Baltimore, (State): Md.

DATE REC'D BY LOCAL REG.: 3/17/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

Dmc

MARGIN RESERVED FOR BINDING

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD-T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Fleming Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 112 Fleming Drive

3. NAME OF DECEASED (Type or Print): (First) Mena (Middle) H. (Last) Hudson
4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9/6/1885
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dave Hill
14. MOTHER'S MAIDEN NAME: Carrie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary Russell 112 Fleming Dr. #22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure — 4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypostatic Pneumonia — 24 hrs
(c) Cerebral Apoplexy — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1949, to March 18, 1952, that I last saw the deceased alive on March 18, 1952, and that death occurred at 11:24 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William C. Hasle, M.D. — 140 Oak Avenue, Dundalk 22, Md. — March 18 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/22/52 — NAME OF CEMETERY OR CREMATORY: Thomas Roll M.C — LOCATION (City, town, or county) (State): M.C
DATE REC'D BY LOCAL REG. 3/19/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Robert A. Ellis 11 N. Charles St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02631

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): Clara E Hueter

2. DATE OF DEATH: Mar. 27-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3008 White Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Sept. 17-1884	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Scott Martel
14. MOTHER'S MAIDEN NAME: Emma A. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. J. Carlton Hueter - White ADDRESS 3008

CAUSE OF DEATH

18.		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CANCER PANCREAS	5 months
	DUE TO	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: Oct 1951
19B. MAJOR FINDINGS OF OPERATION: EMPYEMA GALL BLADDER - CA OF PANCREAS
20. AUTOPSY? YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* July 19[illegible], *to* March 27, 1952, *that I last saw the deceased alive on* 3/26, 1952 *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Walter Kaufman M. D.	433 Harford Rd	3/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/31/52	Parkwood	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR: L. J. Luck | ADDRESS: 5305 Harford

VS. A15

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12635

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 E. Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 126 E. Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Eli (Middle) Emanuel (Last) Hutchins

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1879

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-0992

17. INFORMANT AND ADDRESS: Annie H. Hudson - 126 E. Chesapeake Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, coronary occlusion, sudden	Sudden
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bollin C. Hudson M.D., D.M.E. Towson Md 3/20/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/22/52 | NAME OF CEMETERY OR CREMATORY: Pleasant Rest | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: 3/24/52 | REGISTRAR'S SIGNATURE: Ida Pedue Deputy | 24. FUNERAL DIRECTOR: Wm. J. Chatman, Jr. | ADDRESS: 1201 McCulloh St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakler
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 920 Leeds Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakler
STREET ADDRESS (If rural, give location): 920 Leeds Avenue

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) Elizabeth (Last) Hutchins

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 3, 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Clay Ireland

14. MOTHER'S MAIDEN NAME: Sarah Louise Burkhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Mrs. Martha O. Burgee 920 Leeds Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute Cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardio Vascular disease	?
	(c)	Arthritis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to March 12, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. F. McKieffer M.D. ADDRESS: 1070 Leeds Ave DATE SIGNED: March 12 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 15, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. March 14 52 — REGISTRAR'S SIGNATURE: Geo. F. McKieffer

24. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road

Horace F. Burgee

RECEIVED
18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Alabama Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 413 Alabama Rd.

3. NAME OF DECEASED (Type or Print) (First) ROSELLA (Middle) (Last) IRELAND

4. DATE OF DEATH (Month) Mar. (Day) 27 (Year) 19 52

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 30, 1916

9. AGE Last birthday 35 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Gengnagel

14. MOTHER'S MAIDEN NAME Rosella Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. –

17. INFORMANT AND ADDRESS Mr. Alfred W. Ireland, Jr.-413 Alabama Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 18 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno carcinoma Fempule of Vulva — 18 months

(c) –

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION 2/16/50

19b. MAJOR FINDINGS OF OPERATION Carcinoma Ampule of Vulva -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 46, to March 27, 19 52, that I last saw the deceased alive on 3/20, 19 52, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Shockey Jr. M.D. 20 E. Preston St. Baltimore 2 Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/29/52

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 3/28/52

REGISTRAR'S SIGNATURE A W Bodine

FUNERAL DIRECTOR Wm. J. Vickner & Sons

ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12638

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1420 Harlem Avenue

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) H. (Last) JACKSON

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-8-04

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaning work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jackson

14. MOTHER'S MAIDEN NAME: Annie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY INFARCTION	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PNEUMONITIS, RIGHT LOWER LOBE	2 Weeks
	(c)	

4927

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 19 52, to March 19, 19 52, [redacted], and that death occurred at 6:20 P.m., from the causes and on the date stated above.

SIGNATURE: A.C. Newman
(DEGREE OR TITLE) A.C. NEWMAN, M.D. ADDRESS
DATE SIGNED: 3/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-25-1952
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/26/52
REGISTRAR'S SIGNATURE: A. M. Hedrick
Dawson L. Barber

24. FUNERAL DIRECTOR ADDRESS: Mrs. George H Holland 1631 Druid Hill Ave. Baltimore 17, Md.

RECEIVED
MAR 26 1952
BUREAU

COPY SENT TO ~~LOCAL~~ REGISTRAR No. C 10 DATE 3/26/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

639

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 10yrs 6mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 5802 Roland Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Toland	JENNINGS	March	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	May 31, 1862	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MASS.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JAMES TOLAND
14. MOTHER'S MAIDEN NAME: SARA COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3-5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized Arteriosclerosis	10yrs +
	(c)	

491.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral Arteriosclerosis — 10yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1950, to March 14 1952, that I last saw the deceased alive on March 14 1952, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathan Schnyer	M.D.	Sheppard Pratt Hosp. Towson 4, Md	3/14/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/17/52	Green Mount Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 15 1952	R.W.	Wm. J. Sidney & Sons	Balto, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 84 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 226 N. Spring Court

3. NAME OF DECEASED: (Type or Print) (First) MOSES (Middle) (NMI) (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-29-05

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bennettsville, S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeff Johnson

14. MOTHER'S MAIDEN NAME: Becky Dupree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 220-05-8960

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PECULIAR PULMONARY FIBROSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

525X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 19 51, to March 3, 19 52, [illegible] and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett
(DEGREE OR TITLE) ADDRESS: JACK M. BURNETT, M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 3-5-52

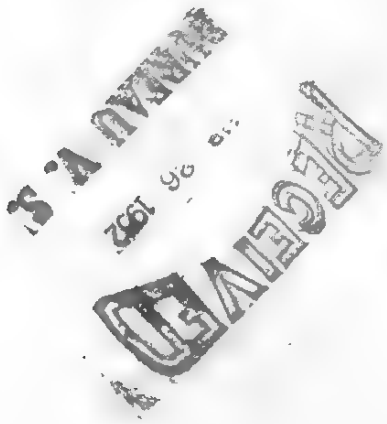
23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3-9-52
NAME OF CEMETERY OR CREMATORY: Cedar Falls Cemetery
LOCATION (City, town, or county) (State): Blenheim, South Carolina

DATE REC'D BY LOCAL REG.: 3/5/52
REGISTRAR'S SIGNATURE: R W Hedgepeth

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law 802 Madison Ave., Baltimore Maryland

SHIPPED TO: Ulysses Hennigan Funeral Home King Street Bennettsville, S. C.

COPY SENT TO ~~LEGAL~~ CHO REGISTRAR No. ____ DATE 3/26/52



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 15, 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 29 1860

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Clark

14. MOTHER'S MAIDEN NAME: Sarah Barney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Guy Jordan, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset and Death: 24 hrs.

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease with Cardiac Decompensation — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to March 15, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

SIGNATURE: Morton E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 3/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 18, 1952

NAME OF CEMETERY OR CREMATORY: St. Lukes

LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 3-17-52

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

RECEIVED
MAR 24 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bosley & Chesapeake Ave Towson Maryland Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 614 Bosley Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) L. (Last) Kaufman

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept 26, 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholson

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Martin C. Frederick 614 Bosley Ave. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval between onset and death: 11 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-renal-vascular disease — Unknown

(c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1952, to March 11, 1952, that I last saw the deceased alive on March 11 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE Rollin C. Anderson (Degree or title) MD — ADDRESS Towson Md — DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3/14/52 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery — LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 3/14/52 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc. — ADDRESS 1227 Eutaw Pl. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0264

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2518 W. Mosher St.

3. NAME OF DECEASED (Type or Print): (First) Elsa (Middle) Viola (Last) Kees

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-23-18

9. AGE last birthday: 33yrs 3mos. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick S. Kees

14. MOTHER'S MAIDEN NAME: May I. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral broncho pneumonia — 30 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral pulmonary tuberculosis — 3 yrs.

(c) Mongolism — since birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-, 1952, to 3-13-, 1952, that I last saw the deceased alive on 3-13-, 1952, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Viola B. Johns, M.D. Rosewood State Training School, Owings Mills, Md. 3-13-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 17/52	London Park	Baltimore Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/52	Mrs. Reid	Goring & Spero	508 Fairfield Ave.

DMK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02644

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4100 Colonial Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 4100 Colonial Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) KELLY
4. DATE OF DEATH: (Month) Mar. (Day) 3 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 9, 1881
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President
10b. KIND OF BUSINESS OR INDUSTRY: Delivery
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Kelly
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. John F. Kelly - 322 Pa'dington Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease — many years

(c) Cerebral Hemorrhage - Rt Hemiplegia — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to March 2, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE George Shaffatz (Degree or title) M.D ADDRESS 5106 Park Heights Ave DATE SIGNED 3/4/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/5/52
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 3/4/52
REGISTRAR'S SIGNATURE: R. W. Roland D.R.
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 11, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1649 Jackson Street

3. NAME OF DECEASED: (Type or Print) (First) ALPHONSUS (Middle) LEO (Last) KEMPER

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	10/18/86	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sign Painter		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Kemper	Mary Garland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW-I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	10 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) POLYCYSTIC KIDNEY DISEASE	Unknown
DUE TO		
	(c) HYPERTENSIVE VASCULAR DISEASE	Unknown

443 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to March 8, 1952, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman — (DEGREE OR TITLE) ADDRESS — DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 3-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 13, 1952	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/52	a w Kessler	A. Howard Evans	1400 S. Charles Street
		A. Howard Evans	Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) 11 yr. 7 mo 26 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1233 Wall St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	W.	Kemper	3	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	May 12, 1899	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Shipping clerk	unk	Md.	US

13. FATHER'S NAME Wilson Kemper — 14. MOTHER'S MAIDEN NAME Mary Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. unk. — 17. INFORMANT AND ADDRESS Mrs Catherine Kemper wife 1233 Wall St Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nervous Exhaustion

(c) Due to Internal Nervousness

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ver W. Kirkpatrick MD Kemp Bldg 1010 Cathedral 3/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-52	Holy Cross Cem	A.A. Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
3/20/52	H.W. Schmick Dmr	Bernard C. Harle 121 E West St

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02647

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 118 Osborne Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 118 Osborne Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Mooth) (Day) (Year)
HOWARD	HORATIO	KIRBY	March 29th., 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Mooths	Days	If under 24 hrs. Hours	Min.
Male	White	Married	4/17/1887	64 yrs.				

10a. USUAL OCCUPATION (Give kiod of work dooe during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Clerk	B. & O. R. R.	Maryland	U. S. A.

13. FATHER'S NAME: Horatio Kirby

14. MOTHER'S MAIDEN NAME: Agnes Brundgee Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes 1st. W. W.	None	Mrs. Carrie Kirby 118 Osborne Ave. Catons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	1 day
Antecedent cause(s) Diseases or cooditions, if aoy, giviog rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic C. V. Disease	1 year
	(c) Coronary Thrombosis	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or cooditioo causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-1, 1950, to 3-29, 1952, that I last saw the deceased alive on 3-29, 1952, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE: James Bedowell (Degree or title) — ADDRESS: Catonsville — DATE SIGNED: 3-30-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/52	St. Johns Cemetery	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-52	W E Harry	Easton Sons	Catonsville, Md.

RECEIVED
APR 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 yr. 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 101 N. Payson Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) KNIERIEM (Last) KNIERIEM

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 22 1879

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Maryland - Balto.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Conrad Knieriem

14. MOTHER'S MAIDEN NAME: Elizabeth Diller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Confluent lobular pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	generalized arteriosclerosis	unknown
	DUE TO (c)	senility	indefinite

490X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1952, to March 14, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Virginia Heffer, M.D. Spring Grove Hosp. Catonsville, Md 3-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 19-1952

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 3/17/52

REGISTRAR'S SIGNATURE H. W. Redrick

24. FUNERAL DIRECTOR John H. Teufel **ADDRESS** 5311 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2649

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (In this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Clarendon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 21 Clarendon ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) B. (Last) Krauch

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct-14-1887

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian for School.

10b. KIND OF BUSINESS OR INDUSTRY: Balto Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius D. Krauch

14. MOTHER'S MAIDEN NAME: Clara Chipman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ella May Krauch - 21 Clarendon ave. Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	2 yrs
442	(c) Arterial Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1951, to 3/17/52, that I last saw the deceased alive on March 16, 1952 and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr E E Nichols ADDRESS Pikesville 8. Md DATE SIGNED 3-17-52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 3/19/52; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 3/17/52; REGISTRAR'S SIGNATURE Dr E E Nichols

24. FUNERAL DIRECTOR ADDRESS Frank H. Meurel Pikesville Md

RECEIVED
MAR 27 1952
BUREAU V. S.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52650

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 429 S. Elwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (NMI) (Last) KRUSHINSKI

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-1-90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Entertainment

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Krushinski

14. MOTHER'S MAIDEN NAME: Lottie Dembowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 215-24-0799

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1952, to March 17, 1952, [illegible] and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE I. Freeman (DEGREE OR TITLE) ADDRESS

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED 3-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-19-52

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Fort Myer, Virginia

DATE REC'D BY LOCAL REG. 3/18/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS

Howard Blight Funeral Home
6009 Harford Road, Baltimore, Maryland

P TO: W. W. Chambers Co., 1400 Chapin Street, Washington, D. C.

...ge is especially important. Physicians: please write the causes of death clearly and leg...

Item 8 Fil 3140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tin mill-Bethlehem Steel Co. Sparrows Pt., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 10 N. Chester Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) LANCASTER
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		3-30-08	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Opr.	Beth. Steel	W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James	Ella Slowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Marie Lancaster - 2118 Boundary Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary artery sclerosis	
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley R. Duncanson	Ass't. Medical Examiner-700 Fleet St.-Balto.2, Md.	3-20-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-27-52	Mathesan Hill	Elk Garden W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/52	W. W. Bukard	Selby + Zeiler	403 S. Wolfe St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4-7 .652

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1721 Dallin St

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) F (Last) Lee

4. DATE OF DEATH: (Month) Mch (Day) 2 (Year) 1932

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: Jan 15 1898 — 9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales — 10b. KIND OF BUSINESS OR INDUSTRY: Hosiery Bus — 11. BIRTHPLACE (State or foreign country): Balto Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredrick H McDaniel — 14. MOTHER'S MAIDEN NAME: Clara Lemmo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 220-22-1018 — 17. INFORMANT AND ADDRESS: Edw Lee Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

322,4 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute alcoholism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jos F. W. Kieffer M.D. Sidney Balto 1010 Leadenhall Mch 3 32

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mch 5 32 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Mch 3 32 — REGISTRAR'S SIGNATURE: Jos F. Kieffer — 24. FUNERAL DIRECTOR: H W Jenkins Inc — ADDRESS: 498 Gorsuch Rd

RECEIVED
MAR 14 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line, Md. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franklin (Last) Leib

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/28/ 1887

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Leib

14. MOTHER'S MAIDEN NAME: Alverta Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Margie Leib Maryland Line Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis Coronary Artery — Interval Between Onset and Death: Three

421.0 Antecedent cause(a)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral Valve Regurgitation

(c) Heart Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic endocarditis

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ | (CITY OR TOWN): ✓ | (COUNTY): ✓ | (STATE): ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓ | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?: ✓

22. I hereby certify that I attended the deceased from Feb 1, 1952 to Mar 26 1952 that I last saw the deceased alive on Mar 20, 1952 and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: M. C. Bennett MD (Degree or title) — ADDRESS — DATE SIGNED: Mar 27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/29/1952 | NAME OF CEMETERY OR CREMATORY: Giesey Memorial Cemetery | LOCATION (City, town, or county) (State): Shrewsbury, York County, Pa.

DATE REC'D BY LOCAL REGISTRAR: Mar 27 1952 | REGISTRAR'S SIGNATURE: Roberta J. Fuller

24. FUNERAL DIRECTOR: H. Steffe | ADDRESS: New Park, Pa.

RECEIVED
APR 7 1952
BUREAU V. S.

1952
-EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOUSE IN THE PINES

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ATLANTIC CITY
STREET ADDRESS (If rural, give location) 2827 ATLANTIC AVE.

3. NAME OF DECEASED (Type or Print): (First) EMANUEL (Middle) M (Last) LIPITZ

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-23-1887

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FORESTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW YORK, N.Y.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Eugene Lipitz - Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio Vascular Disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1952, to 3-11, 1952, that I last saw the deceased alive on 3-11, 1952, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer R. Gallagher M.D. Catonsville 28, Md. 3-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 3-12-52 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Tulsa Okla

DATE REC'D BY LOCAL REG.: 3-12-52 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Jack Lewis Inc. — ADDRESS: 2108 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 - 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2801 Montebello Terrace

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) STUART (Last) LOHMEYER

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/31/96

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic (unempl)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Lohmeyer

14. MOTHER'S MAIDEN NAME: Edmonia Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 220-03-3363

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HEMATEMESIS FROM RUPTURED ESOPHAGEAL VARICES	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CIRRHOSIS OF LIVER	unknown
	(c)	

571.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30., 1952..., to March 2 1952..., that I last saw the deceased alive on [illegible] and that death occurred at 2.50 A.m., from the causes and on the date stated above.

SIGNATURE John Hudell (DEGREE OR TITLE) M.D. ADDRESS VAH FORT HOWARD, MD. DATE SIGNED 3/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3/5/52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECD BY LOCAL REG. 3/3/52

REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Leanard Ruck ADDRESS 5303 Harford Rd.

2456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-9

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Lines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2507 W. Cold Spring Lane

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) (Last) HOVETT

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Israell

14. MOTHER'S MAIDEN NAME: Druna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Milton Lovett - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Embolism of Brain with paralysis

(c) Embolism

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 19 52 to March 17, 19 52, that I last saw the deceased alive on March 17, 19 52, and that death occurred at 10 10 P m., from the causes and on the date stated above.

SIGNATURE: Abraham Schapiro (Degree or title) MD ADDRESS 2028 Eutaw Pl. DATE SIGNED 3/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/19/1952 — NAME OF CEMETERY OR CREMATORY Rosedale — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 3/19/52 — REGISTRAR'S SIGNATURE Ed. Ford Jr. Dep

24. FUNERAL DIRECTOR Jos. Levin Inc. — ADDRESS 2100 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

265

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6909 Dunmanway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6909 Dunmanway

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) ELIZABETH (Last) LYNCH

4. DATE OF DEATH: (Month) Mar. (Day) 30 (Year) 1952

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: April 8, 1887 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Police Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William R. Lynch
14. MOTHER'S MAIDEN NAME: Sarah E. Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. William Lynch - 3011 Dunglow Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Renal — 5 yrs.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19.4[illegible] to March 19.52, that I last saw the deceased alive on March 29, 19.52, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 6800 Norman Rd - Catonsville Md 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/2/52 | NAME OF CEMETERY OR CREMATORY: Oakland Cem. | LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 4/1/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tichner & Son Balto 17, Md.

DMK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9865

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 - 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) HOWARD (Middle) S. (Last) MARKLINE

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-29-92

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): White Hall, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Markline

14. MOTHER'S MAIDEN NAME: Margaret King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	MYOCARDIAL INFARCTION	15 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	PNEUMONITIS, RIGHT LUNG BASE	15 days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1952, to March 27, 1952, and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE: W. L. FLECK, M. D.

(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 3-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-30-1952

NAME OF CEMETERY OR CREMATORY: Vernon Cemetery

LOCATION (City, town, or county) (State): White Hall, Maryland

DATE REC'D BY LOCAL REG.: 3/28/52

REGISTRAR'S SIGNATURE: a w Jackson

24. FUNERAL DIRECTOR ADDRESS: Henry W. Jenkins & Sons Co. Inc. 4905 York Road, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1851

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AHS 1-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Victory Villa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Victory Villa
STREET ADDRESS (If rural, give location) 28 Bourque Ave. Victory Villa,

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) (Last) Martin

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Unknown
14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary Ey 28 Bourque Ave. Victory Villa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart Failure — DUE TO — Interval Between Onset and Death: 3 days.
450.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Irving M Beck (DEGREE OR STYLE) M.D. ADDRESS 901 Fauquier Av Balto 18 DATE SIGNED March 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 4, 1952	Mount Carmel	O'Donnell St. Balto. Md.

DATE RECD BY LOCAL REG. 3/3/52 — REGISTRAR'S SIGNATURE H. C. Redmond — 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Melvin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 7 Melvin ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Howard (Last) Matthews
4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1952
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-27-1909
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward P. Matthews
14. MOTHER'S MAIDEN NAME: Mary Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Dorothy M Henderson 7 Melvin ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Clyde Miller Jr MD — 825 1010 Reisterstown Rd — Feb 29 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/3/52 | NAME OF CEMETERY OR CREMATORY Mt Hebron | LOCATION (City, town, or county) (State) Ellicott City Md

DATE REC'D BY LOCAL REG. 3/4/52 | REGISTRAR'S SIGNATURE W Edmund Dyer | 24. FUNERAL DIRECTOR — ADDRESS Adolphus Halstead 918 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 661

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 5-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3310 Noble Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E. (Last) MAULER

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-1-77

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mauler

14. MOTHER'S MAIDEN NAME: Amelia Weitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) INANITION	UNKNOWN
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PULMONARY EMPHYSEMA	UNKNOWN
	DUE TO (c)	

527.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 1 1952, to March 4 1952, [illegible], and that death occurred at 6:20 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-6-52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 3/5/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler Inc. 403 S. Wolfe Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62662

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6002 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 6002 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) B. (Last) McALPINE

4. DATE OF DEATH: (Month) Mar. (Day) 6 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 15, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): timekeeper

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John McAlpine

14. MOTHER'S MAIDEN NAME: Elizabeth Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-14-3280 A

17. INFORMANT AND ADDRESS: Mrs. Annie McAlpine - 6002 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage with left hemiplegia — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial damage — 2 years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1950, to 3/6, 1952, that I last saw the deceased alive on 3/6, 1952, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H W Kemp M.D. ADDRESS 3921 Edmondson Ave DATE SIGNED 3/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar. 6, 1952

NAME OF CEMETERY OR CREMATORY: -

LOCATION (City, town, or county) (State): Loraconing, Md.

DATE REC'D BY LOCAL REG.: 6/6/52

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. J. Fichner & Sons ADDRESS: Kato, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 '8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1327 Shields Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) H. (Last) MC GRUDER

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-3-93

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Worker

10b. KIND OF BUSINESS OR INDUSTRY: Building Trades

11. BIRTHPLACE (State or foreign country): Crockett, Texas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ike McGruder

14. MOTHER'S MAIDEN NAME: Mary Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CORONARY OCCLUSION	UNKNOWN
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN

4200

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan.15, 1952, to March10 19..52, [redacted] and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman
(DEGREE OR TITLE) ADDRESS
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.
DATE SIGNED 3-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 3/19/52
NAME OF CEMETERY OR CREMATORY: Hickory Grove Cemetery
LOCATION (City, town, or county) (State): Texas

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: A J Bunch

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave., Baltimore Maryland

SHIP TO: Mc Cullough Funeral Home, Crockett, Texas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2664 37

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middleton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural, give location) Middleton Rd.

3. NAME OF DECEASED (Type or Print): (First) ~~Mary~~ John (Middle) Thomas (Last) MEEK

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 19 5-2

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 4, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 717-22-6067

17. INFORMANT AND ADDRESS: Leroy Meek, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular renal disease

4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 19 5-2, to Mar. 8, 19 5-2, that I last saw the deceased alive on Mar. 7, 19 5-2, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE: T. M. France (Degree or title) MD ADDRESS: Parkton, Md DATE SIGNED: 3/10/5-2

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 11, 1952 | NAME OF CEMETERY OR CREMATORY: Jessups Methodist | LOCATION (City, town, or county): Sparks. (State): Md.

DATE REC'D BY LOCAL REG. Mar 11 1952 | REGISTRAR'S SIGNATURE: Emma Louise Mae Rae

24. FUNERAL DIRECTOR: F. Scott Brooks ADDRESS: Sparks, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2665

Reg. Dist. No. 35

Balto. Co.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2901 Alden Road	STREET ADDRESS (If rural, give location) 2901 Alden Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frieda		Metz	May	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 10-1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustav Voigt	Caroline Mattzahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Frieda McCallister Name

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	2 yrs
	(c) Hypertension	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-18, 1952, to 3-21, 1952, that I last saw the deceased alive on 3-21, 1952, and that death occurred at 1:05 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold H Burns	M.D.	115 E. EAGER ST. Balto. Md	3-21-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/52	Baltimore	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/52	A W Kehoe	D.J. Tuck	5305 Harford Rd

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr. Burns
2823 Linwood

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Co. P.O. Arcadia
LENGTH OF STAY (in this place) 6yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	May	Miles	March	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	March 6 - 1868	84 yrs.	0	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife retired	Own home	Balto. Co. Md.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua F. Benson	Hannah Ann Fridley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
X	X	Silas Benson + Florence Miles (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Suspicious of Carcinoma of Stomach with excessive vomiting and nausea	2 yrs
	(c) Chronic old T.B. Cough and inanition	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 10, 1952, to March 30, 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 1.0 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Cyril E. Fowble M.D.	Upperco, Md.	March 30-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	apr 2-1952	Mt Carmel	Balto Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-52	Mary B. Eline	Edw C Tipton	Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 01 1982
BUREAU OF L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 57

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location): 5335 Cordelia Avenue

3. NAME OF DECEASED: (First) BERNARD (Middle) (NMI) (Last) MILLER

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/23/94

9. AGE last birthday: 58 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Miller

14. MOTHER'S MAIDEN NAME: Bessie Koenigsberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 215-05-2667 Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE AND RESIDUALS	10 yrs
	DUE TO LEFT. CEREBRAL VASCULAR ACCIDENT	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NEPHRITIS — 1 yr.; OLD MYOCARDIAL INFARCTION — 1 yr.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1952, to Mar. 22, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE Frank E Poole — (DEGREE OR TITLE) ADDRESS — DATE SIGNED

FRANK E. POOLE, M.D. — VAH, FORT HOWARD, MARYLAND — 3-22-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 23 1952	Rosedale Cemetery	Rosedale, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
March 22 1952	R.W.	Sol Levinson & Bros. 1126 W. North Ave., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02668

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County: Baltimore
City or town: Concrete Homes Dundalk
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 days
Hospital, institution, or street address where death occurred: 3508 South Rd
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Concrete Homes Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3508 South Road
(If rural, give LOCATION)
2.(a) If veteran, name war: 1st World's War

3.(a) FULL NAME: Dino Joseph Milio

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Estella Milio
6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): September 8th 1897

8. AGE: Years	Months	Days	If less than one day
54			hrs. min.

9. Birthplace: 3508 South Rd Dundalk 22
(Town, county, and state)
10. Usual occupation: Lawyer
11. Industry or business: Practice of Law
FATHER 12. Name: Louis Milio
13. Birthplace: Italy
MOTHER 14. Maiden name: unknown
15. Birthplace: Italy
16. Informant: Mrs Dino Milio wife
Address: 3508 South Rd
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/17/57 (month) (day) (year)
Cemetery or crematory: U. S. National Cemetery
Location: Baltimore Maryland
18. Funeral director: Wm. Cook Inc.
Address: 1217 E. Paul Street
19. 3/14/57 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13th 1957 at 3:15A
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10th 57 to March 17th 1957 and that I last saw him alive on March 13th 1957

Immediate cause of death	DURATION
Pulmonary Tuberculosis	about 6 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Thomas M.D.
M. D. or other
Address: 1078 E. Main St Dundalk Md Date signed: 3/13/57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02669

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home - 2212 Westchester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2212 Westchester Ave

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Virginia (Last) Moore

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 23 - 1896

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired shoeler

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Della

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Atkinson

14. MOTHER'S MAIDEN NAME: Mary Ann Zebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-12-7532

17. INFORMANT AND ADDRESS: D. W. Moore 2212 Westchester Ave Catonsville 28 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — (illegible)

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C.V. Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to March 22, 1952, that I last saw the deceased alive on March 22, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Em R Kortman, (illegible) ADDRESS Ellicott City Md DATE SIGNED 3/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-26-1952 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county): Ellicott City (State): Md

DATE REC'D BY LOCAL REG.: 3-25-52 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: F C Higinbothom ADDRESS: Ellicott City Md

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Donogh | LENGTH OF STAY (in this place) since Sept '50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Donogh School.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORBE (Middle) ROCHE (Last) MORRISON.

4. DATE OF DEATH: (Month) Mar (Day) 5 (Year) 1952

5. SEX: Male. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: Mar 17 '36. | 9. AGE last birthday: 15 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Boys School.
11. BIRTHPLACE (State or foreign country): Kilgour, Texas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Glen B. Morrison
14. MOTHER'S MAIDEN NAME: Not available.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Mc Donogh Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by Hanging. — 18 hrs.

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Wagon Shed. | (CITY OR TOWN) Mc Donogh. | (COUNTY) Balto. | (STATE) Md.

TIME OF INJURY (Month) Mar (Day) 4 (Year) 52 (Hour) 6 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hung himself

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples | (Degree or title) Deputy Asst. Exam. M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: Mar 5 '52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 3/6/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Hunterstown Penna

DATE RECD BY LOCAL REG. 3/6/52 | REGISTRAR'S SIGNATURE: A. L. Hedrick Deputy | 24. FUNERAL DIRECTOR: Harry A. Wyke | ADDRESS: 4101 Greenmount Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 New Edmondson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 322 New Edmondson Blvd.

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) (Last) Mullen

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 14 1900

9. AGE Last birthday: 52 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard Mullen

14. MOTHER'S MAIDEN NAME: Jennie Mayo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Evalyne Mullen 322 New Edmondson Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardio vascular - renal disease — Interval Between Onset and Death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4425

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to 3-19-52, that I last saw the deceased alive on 3-19-52, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: James T. Carr (Degree or title) M.D. ADDRESS 1432 Madison Ave DATE SIGNED 3-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Mar. 22, 1952 — NAME OF CEMETERY OR CREMATORY Mt. Calvary — LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG. 3/24/52 — REGISTRAR'S SIGNATURE Mrs. Acland — 24. FUNERAL DIRECTOR Frederick Turnquist — ADDRESS 1031 Druid Hill Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 52672

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the cause of death clearly and legibly.

VS. 335

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: TOWSON CONVALESCENT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural, give location): 301 CHESAPEAKE AVE.

3. NAME OF DECEASED (Type or Print): (First) NINA (Middle) (Last) MURPHY

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 31, 1874

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDWARD MURPHY

14. MOTHER'S MAIDEN NAME: DONNA RANDALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure (CHF)	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1952 to Mar. 4, 1952 that I last saw the deceased alive on 2/27, 1952 and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos. A. Selfack M.D. — ADDRESS: 200 W. Penna. Ave Towson — DATE SIGNED: 3/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE: 3-6-52 — NAME OF CEMETERY OR CREMATORY: LAUREL HILL CEM. — LOCATION (City, town, or county) (State): PHILADELPHIA PENN.

DATE REC'D BY LOCAL REG.: March 7, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: George A. Farley-Cottonwood, Md.

RECEIVED
MAR 10 1952
BUREAU V. A.

Item 21 Film G140 3-27-52 ams

02674

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, MARYLAND; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Balto.~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4022 Pennington Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	S.	Niec (Nice)		3	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	3-19-23	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	patient	Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond Niec	Ida (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, extra-dural - left- large (fractured skull left temporal area) with interruption middle meningeal artery)	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
759.7	(c) Mongoloid with spastic paralysis lower extremities congenital (mild)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none.	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Rosewood St. Tr. School	Owings Mills	Balto.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
3	14	1952	10:30 am			Accident: bumped by another patient, fell & struck head on floor. (3-27-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caplis	Deputy Med. Exam. M.D.	Reisterstown, Md.	3-14-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 17, 1952	Holy Cross	A.A. Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/52	[signature]	Wm. S. Fialkowski	2007 Eastern Ave

DMK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12673

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

1. PLACE OF DEATH: COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
LENGTH OF STAY (in this place): 40 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1807 WINANS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 1807 WINANS AVE.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) R. (Last) NICKLES

4. DATE OF DEATH: (Month) MARCH. (Day) 3 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 24, 1880

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTAINANCE MAN.

10b. KIND OF BUSINESS OR INDUSTRY: MONTGOMERY WARD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDWARD NICKLES

14. MOTHER'S MAIDEN NAME: CHARLETT MORRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-7587

17. INFORMANT: LOUISA M. NICKLES 1807 WINANS AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — 2 wks.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral thrombosis — 1 yr.

(c) Coronal Arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to March, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. R. Brown [illegible] 3-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/6/52 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 3/6/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Joseph T. Timbrow 1328 Dulaney Valley Rd.

6609 Main St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16yrs11da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1508 Eutaw Place

3. NAME OF DECEASED: (First) Patrick (Middle) (Last) Normile
4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	married	3-2-06	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
salesman	sales	New York	U.S.

13. FATHER'S NAME: Michael Normile
14. MOTHER'S MAIDEN NAME: Anne Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	unknown	Spring Grove State Hospital Hospital Records. Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	
023X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Generalized paresis & cardiac involvement	indef.
	(c) DUE TO Pneumonia	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/3, 19 52, to 3/3, 19 52, that I last saw the deceased alive on 3/2, 19 52, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Joseph D. Leichtenberg, M.D. Spring Grove St. Hosp. Catonsville, Md. 3/3/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 - 13 - 52	Gate of Heaven	Hanover, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/12/52	H. A. Pollard	John O. Mitchell & Sons, Inc.-1900 Eutaw Place Baltimore, Md. M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2576

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria - Notch Cliff

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY B. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff
STREET ADDRESS (If rural, give location) Glen [illegible] Md

3. NAME OF DECEASED (Type or Print) (First) Sister Mary Afra (Middle) Nothgardt (Last)

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Dec. 13 1864

9. AGE last birthday 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Religious

11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Nothgardt

14. MOTHER'S MAIDEN NAME Mary Loesch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy — 2 days

224 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria sclerosis — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lloyd Shaw (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) BURIAL | DATE THEREOF 3-27-52 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM | LOCATION (City, town, or county) NOTCH CLIFF NR Towson (State)

DATE REC'D BY LOCAL REG. 3/26/52 | REGISTRAR'S SIGNATURE A W Fedrick | 24. FUNERAL DIRECTOR Charles J. Zeiler | ADDRESS 901 S. CONKLING ST. BALTO, 24, MD.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite
LENGTH OF STAY (In this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Paul Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite
STREET ADDRESS (If rural, give location) St Paul Avenue

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Weller (Last) Offutt

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 16 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F Weller

14. MOTHER'S MAIDEN NAME: Vilmina Berryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J Fred Offutt Sherwood Rd Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — Interval Between Onset and Death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis & hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 48, to 3/12/ 19 52 that I last saw the deceased alive on 3/10/ 19 52, and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm E. Martin M.D. Randallstown 3/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 14 1952

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Pikesville Md

DATE REC'D BY LOCAL REG.: 3/12/52

REGISTRAR'S SIGNATURE: Wm E. Martin

24. FUNERAL DIRECTOR: Wm Berryman & Sons

ADDRESS: Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12678

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard

LENGTH OF STAY (in this place) 45 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2106 Greenmount Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) D. (Last) O'NEILL

4. DATE OF DEATH: (Month) March (Day) 2, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 13, 1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bartender		Baltimore, Maryland	USA

13. FATHER'S NAME: Richard J. O'Neill

14. MOTHER'S MAIDEN NAME: Catherine (MN: Connolly)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) LAENNEC'S CIRRHOSIS	6 years
581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 17 1952, to March 2, 1952, [illegible] and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John C. Hudell M.D. JOHN C. HUDELL, M.D., VAH, Fort Howard, Maryland 3/2/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-6-52	Baltimore National	Baltimore, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/52	H.B. Kerbich Asst. Clerk	Wiedefeld & Son	Greenmount & 22nd Street Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Fort Howard
LENGTH OF STAY (in this place) 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2601 Talbot Road

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) also Harrison Morton M. (Last) Overhiser OVERHISER

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-4-1892	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Railroad	Falmouth, Ind.	USA

13. FATHER'S NAME: George Overhiser

14. MOTHER'S MAIDEN NAME: Sara Mae Outevetler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWI	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ADENOCARCINOMA, GENERALIZED ABDOMINAL	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
February 18, 1952	Adenocarcinoma	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Mar. 8, 1952, [illegible] and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Paul F. Richardson (DEGREE OR TITLE) M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 3-8-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/11/52	Washington Park Cemetery	Indianapolis, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/10/52	A W Hedrick	Wm. J. Tickner & Sons North & Penna. Aves. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02680

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville — LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2315 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
STREET ADDRESS (If rural, give location) 2315 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Harman (Middle) John (Last) Pahl

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17, 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steam roller operator

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Pahl

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Celia Pahl (Wife) 2315 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Old Age	2 weeks
904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of Right Hip Neck of Femur	2 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Woodlawn — (CITY OR TOWN) — (COUNTY): Balto — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mch 13 1952 2 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fell on floor

22. I hereby certify that I attended the deceased from Mch 15 1952 to Mch 28 1952 that I last saw the deceased alive on Mch 27 1952 and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: A. C. Smith — (Degree or title): Md — ADDRESS: 4508 Liberty Hgts — DATE SIGNED: Mch 29

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 31, 1952 — NAME OF CEMETERY OR CREMATORY: Mount Olive — LOCATION (City, town, or county) (State): Randallstown, Maryland

DATE REC'D BY LOCAL REG.: 3/31/52 — REGISTRAR'S SIGNATURE: [illegible] Clerk — 24. FUNERAL DIRECTOR: Frank H. Purnell — ADDRESS: Pikesville 8, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) A. (Last) PALMER

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August, 1868

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) SUBDURAL HEMATOMA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 19 52, to March 4, 19 52, [illegible] and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

THOMAS C. STANSBURY, JR., M.D. VAH, FORT HOWARD, MARYLAND 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-7-52

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG. 3-6-52

REGISTRAR'S SIGNATURE: A. M. Fredrich

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co., 517 Eleventh Street, S.E. Washington, D. C.

RECEIVED
MAR 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0268

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. The correct age is especially necessary. Please write the causes of death clearly and legibly.

RELEASE WRITE PLUNGING

1. NAME OF DECEASED (Type or Print): Mary Lanzarella

2. DATE OF DEATH: Mar. 13-1952

3. PLACE OF DEATH: A. Baltimore Maryland Balto. County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2607 Hillcrest Ave

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2607 Hillcrest Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Nov. 18-1889	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Buono
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-01-2630
17. INFORMANT: Mrs. Robert Lagan - Hillcrest ADDRESS: 2607

CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) ... acute pulmonary edema	3 hrs.
DUE TO		
422.1 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) arteriosclerotic C.V.D.	—
DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

22. I hereby certify that I attended the deceased from March 10, 1952 to March 13 1952 that I last saw the deceased alive on March 13, 1952 and that death occurred at 10 3/4 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Harold A. Scott M.D. 23B. ADDRESS: 8100 Harford Rd 23C. DATE SIGNED: 3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/17/52	Holy Redeemer	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: MAR 17 1952
REGISTRAR'S SIGNATURE: Lucinda Williams M.D. O.A. M. Bacon
25. FUNERAL DIRECTOR: J. Luck ADDRESS: 5305 Harford

VS 150

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4209 Cardwell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Alfred (Last) Parks

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 13, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel E. Parks

14. MOTHER'S MAIDEN NAME: Martha Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: W. S. Parks, 4209 Cardwell Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 1 day

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis / — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3rd, 1952, to March 4, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward Benson — ADDRESS: 1 W. Overlea ave Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar. 6, 1952 | NAME OF CEMETERY OR CREMATORY: Prospect Hill cem. | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: Mar. 5, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: John Burns' Sons, Inc. — ADDRESS: Towson, Md.

RECEIVED
MAR 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) TOWSON | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1117 OVERBROOK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON (RURAL)
STREET ADDRESS (If rural, give location) 1117 OVERBROOK ROAD

3. NAME OF DECEASED (Type or Print): (First) E. (Middle) STANLEY (Last) PATTERSON
4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 23, 1863
9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: FARM IMPLEMENTS
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: AMENTIS T. PATTERSON
14. MOTHER'S MAIDEN NAME: HANNAH E. HANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-12-0563
17. INFORMANT AND ADDRESS: MRS. EMMA E. PATTERSON SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension, Cardio Vascular renal disease — 3 yrs

4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1948, to Mar. 7, 1952, that I last saw the deceased alive on Mar. 6, 1952 and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd E. Taylor MD. ADDRESS 3902 Greenmount Ave. Baltimore 18 DATE SIGNED Mar 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 3-10-1952 | NAME OF CEMETERY OR CREMATORY: CHURCHVILLE PRESBYTERIAN | LOCATION (City, town, or county): CHURCHVILLE | (State): MD.

DATE REC'D BY LOCAL REG.: March 8th 1952. | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK RD. BALTO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 5
STREET ADDRESS (If rural, give location): 500 N. Montford Avenue

3. NAME OF DECEASED: (First) HENRY (Middle) J. (Last) PFEIFER
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-19-11
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Bartender
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benidict Pfeifer
14. MOTHER'S MAIDEN NAME: Sophie Roemer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 219-16-6781
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) LAENNEC'S CIRRHOSIS	UNKNOWN
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c) THROMBOPHLEBITIS WITH PULMONARY INFARCTION, OLD	UNKNOWN

581.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED: While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to March 11 19 52, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE: Gilbert M. Hoffman
GILBERT M. HOFFMAN M.D.
(DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 3-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 14-52
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/12/52
REGISTRAR'S SIGNATURE: a w Hebert

24. FUNERAL DIRECTOR: John A. Miller
ADDRESS: 2334 Jefferson Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12086

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Middle River Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural, give location) Middleborough Rd. Essex Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	R.	Plummer	3	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W	Married	9/9/1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home wife		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Hoke	Sarah Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia, pernicious	1 year
	(c) Carcinoma, head of pancreas	2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-8, 1951, to 3-17, 1952, that I last saw the deceased alive on 3-18, 1952, and that death occurred at 2a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maxwell Emund	M.D	Essex, Md	3-18-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/52	Mt Olivet	Frederick Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/52	A.W. Redmond Deputy	J.F. Bugdanski	1407 Eastern Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Clm 3142 Item 18 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard
LENGTH OF STAY (in this place): 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1419 Bank Street

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) (NMI) (Last) PREFLATISH

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-14-98

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Distillery

11. BIRTHPLACE (State or foreign country): Passaic, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Preflatish

14. MOTHER'S MAIDEN NAME: Mary Lou Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) AWAITING FURTHER STUDY	
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Glioma, rt. frontal lobe	unk.
	DUE TO (c) Old infarct, left temporo-occipital area	unk.

193X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/20/52

19b. MAJOR FINDINGS OF OPERATION: Frontal craniotomy, right Partial removal infiltrating frontal lobe tumor

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.18, 19.52., to March 27 19.52., ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ ~~Xgive~~ ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-31-52 — NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/31/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home 6009 Harford Road, Balto., Md.

Dne Mildred T. Blight

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md
LENGTH OF STAY (in this place): 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Md
STREET ADDRESS (If rural, give location): 2212 Callow Ave

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Phillip (Last) Ranft

4. DATE OF DEATH: (Month) Mar. (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 11-1866

9. AGE last birthday: 85 yrs. If under 1 year: Months 6 Mos. Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Mngr. of R. J. Reynolds

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles L. Ranft

14. MOTHER'S MAIDEN NAME: Sophia Schaible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-16-9202

17. INFORMANT AND ADDRESS: Laura M. Schroeder - Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval between onset and death:

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 51, to Mar. 30, 19 52, that I last saw the deceased alive on Mar. 30, 19 52, and that death occurred at 12 15 noon, from the causes and on the date stated above.

SIGNATURE (Degree or title): Carter T. Rees M.D. ADDRESS: Cockeysville Md. DATE SIGNED: 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 4/1/52 | NAME OF CEMETERY OR CREMATORY: London Pk. Cemetery | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 3/31/52 | REGISTRAR'S SIGNATURE: Laura M. Schroeder

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook - St. Paul & Preston Sts.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

COPY SENT TO LOCAL REGISTRAR No. C/Hd DATE April 1-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2690

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The ...rrect age is especially important. Physicians: please write the ...uses of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown | LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) PEARSE (Middle) C. (Last) PROUGH

4. DATE OF DEATH: (Month) MARCH (Day) 29, (Year) 1952

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 3-31-1872 | 9. AGE last birthday 79 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY owner | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George M. Prough | 14. MOTHER'S MAIDEN NAME Georgia Anna Choate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT AND ADDRESS Mrs. [illegible], Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3/25/52

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/, 1952, to 3/29/, 1952, that I last saw the deceased alive on 3/25/, 1952, and that death occurred at 7:30P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. E. Martus MD Randallstown Md 4/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 4-1-1952 | NAME OF CEMETERY ~~OR CREMATORY~~ Freedom | LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. 4/1/52 | REGISTRAR'S SIGNATURE Wm E. Martus | 24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2680

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4108 Colonial Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 4108 Colonial Road

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) W (Last) REHL

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: about 1913

9. AGE last birthday: 38 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Ready to wear

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Rehl

14. MOTHER'S MAIDEN NAME: Kate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Evelyn Rehl - 4108 Colonial Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sudden Cardiac Failure — Interval Between Onset and Death: Sudden

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular heart disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1948, to March 23, 1952, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 12:30 A m., from the causes and on the date stated above.

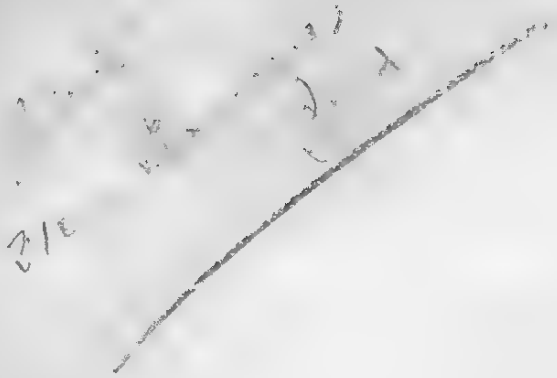
SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Nathan Stupit, M.D. — 3100 Garrison Blvd. — 3/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-24-52 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG. 3/24/52 — REGISTRAR'S SIGNATURE: a w Bauer — 24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl.

I phoned Dr. Caples, medical exam from deceased's home because I did not see deceased from 8/15/51 on



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]91

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Hebbville-Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Hebbville, Maryland Clay's lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md, COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn

STREET ADDRESS (If rural, give location) Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) C. (Last) Reiblich

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 16, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Woodlawn, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Reiblich

14. MOTHER'S MAIDEN NAME: Elizabeth Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: 220-30-2276

17. INFORMANT & ADDRESS: Marguerite Reiblich Woodlawn, Md. Dogwood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1/2 hr

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1948, to 3/2/, 1952 that I last saw the deceased alive on 3/1/, 1952 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm C. Martin M. D. Randallstown, Md 3/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 5, 1952

NAME OF CEMETERY OR CREMATORY Mount Olive

LOCATION (City, town, or county) Randallstown, Md. (State)

DATE REC'D BY LOCAL REG. 3/4/52

REGISTRAR'S SIGNATURE Wm C. Martin

24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS 4600 Liberty Heights Avenue

VS-A15 8-51

RECEIVED
MAR 10 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3801 Bonner Road

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) J. (Last) REVERDY

4. DATE OF DEATH: (Month) (Day) (Year) March 19 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-16-87

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Cleaning Business

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Reverdy

14. MOTHER'S MAIDEN NAME: Josephine MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 195-07-2892 Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF STOMACH, POST OPERATIVE, WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

151 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-17-51

19b. MAJOR FINDINGS OF OPERATION: PARTIAL GASTRECTOMY FOR CARCINOMA OF STOMACH

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.18, 1952, to March 19 19.52., that I have viewed the body, and that death occurred at 9:23 A.m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS — DATE SIGNED 3-19-52

WILLIAM J. VANDEGRIFT, M. D., VAH, FORT HOWARD, MARYLAND

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-22-1952 — NAME OF CEMETERY OR CREMATORY St.Abraham's Lutheran — LOCATION (City, town, or county) (State) Balto.Co., Md.

DATE REC'D BY LOCAL REG. March 20, 1952 — REGISTRAR'S SIGNATURE A C Redeud

24. FUNERAL DIRECTOR G. Howard Strong — ADDRESS 3207 W. North Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Slade ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville. Md.
STREET ADDRESS (If rural give location) 129 Slade Ave

3. NAME OF DECEASED (Type or Print): (First) CLARA — (Middle) M — (Last) RICHARDS

4. DATE OF DEATH: (Month) Mar (Day) 5 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: aug 5-1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John Poulton

14. MOTHER'S MAIDEN NAME: Almira Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Mattie Henderson, Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	5 months
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	5 months
	(c) Art. Sclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to Mar. 5th, 1952, that I last saw the deceased alive on Mar. 3th, 1952, and that death occurred at 5.15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. — ADDRESS Pikesville 8, Md — DATE SIGNED 3/5/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF Mar 5/52 — NAME OF CEMETERY OR CREMATORY Hunkpatead — LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REG. Mch 5-52 — REGISTRAR'S SIGNATURE Dr E C Nichols — 24. FUNERAL DIRECTOR Edw C Tipton — ADDRESS Hunkpatead Md

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2694

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville-rural Balto.; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rev. Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville-rural Balto.; STREET ADDRESS (If rural, give location) 263 S. Ellwood Avenue

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) (Last) RIEDEL

4. DATE OF DEATH: (Month) Mar. (Day) 13, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 5, 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Ditschler

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Melvin Riedel- 263 S. Ellwood Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE(APOPLEXIA)	2 Mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infectious Parotitis.	2 Weeks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0; (CITY OR TOWN) 0; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1951 to March 11, 52, that I last saw the deceased alive on March 11, 52 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): D. Lloyd Johnson M.D.

ADDRESS: 6348 Frederick Road. Catonsville

DATE SIGNED: 3/13/52.

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 3/15/52; NAME OF CEMETERY OR CREMATORY: First Evangelical Cemetery; LOCATION (City, town or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: March 15 1952; REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.; ADDRESS: BALTO., 13, MD. George Sander

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#2695

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consent age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Overlea — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Overlea
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6914 Belair Road	STREET ADDRESS (If rural, give location) 6914 Belair Road

3. NAME OF DECEASED (Type or Print)	(First) Barbara	(Middle) C.	(Last) Lock	4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 11 1862	9. AGE last birthday 89 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Smith		14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Myrtle Ritz 6914 Belair	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	10 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	7 yrs
	(c) Chronic myocarditis	14 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 16, 1952, to March 20, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgar F. Keenan, M.D. ADDRESS 1 N. Cresterton Rd. Baltimore 29 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 3/22/52	NAME OF CEMETERY OR CREMATORY Baltimore	LOCATION (City, town, or county) Balto	(State) Md
DATE REC'D BY LOCAL REG. 3/21/52	REGISTRAR'S SIGNATURE K.W. Hedrick	24. FUNERAL DIRECTOR D.J. Luck	ADDRESS 5305 Harford Rd	

VS. A15

Dr. Benson
1 W. Overlea -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 6 mos days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Homes

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2907 Alra Ave

3. NAME OF DECEASED: (Type or Print) (First) Carolina (Middle) Louise (Last) Roney
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952
5. SEX: F
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: Feb 10 - 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Stephen Heck
14. MOTHER'S MAIDEN NAME: Louise Jansen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-2478D
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Heart Failure — Interval Between Onset and Death: 6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis - Cardio - macular disease
DUE TO (c)
422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to March, 1952, that I last saw the deceased alive on Mar. 15, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walter T. Kees M.D. Cockeysville Md. 3/16/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 3/19/52 NAME OF CEMETERY OR CREMATORY Baltimore LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 3/17/52 REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR Wm Cook ADDRESS St Paul + Preston Sts

RECEIVED
MAR 18 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. C4/0 DATE 3/18/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton
MARYLAND — LENGTH OF STAY (in this place): 67 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) B. (Last) Rosier.

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: Sept. 29, 1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Cummings.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Murle Beeber - Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart block

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri- sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 5-, to Mar. 4, 19 52, that I last saw the deceased alive on Mar 4, 19 52, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE: C. M. France — (Degree or title) M.D. — ADDRESS: Parkton, Md — DATE SIGNED: 3/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 7, 1952 — NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery — LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: Mar 7 1952 — REGISTRAR'S SIGNATURE: Charles L Fuchs

24. FUNERAL DIRECTOR: Jacob Harlenstein — ADDRESS: New Freedom, Pa.

VS-A15

RECEIVED
MAR 12 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

6269

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md. — LENGTH OF STAY (in this place) 4 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Davis~~ Baltimore, Md. — 2 days
STREET ADDRESS (If rural, give location) 2704 Hudson St., Balto.-24

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	James	Rupp, Jr.	3	15	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	12-9-'36	15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Inmate-Rosewood	Not applicable	Maryland	U.S.A.

13. FATHER'S NAME: Robert Albert Rupp

14. MOTHER'S MAIDEN NAME: Catherine Vera Rasinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Rosewood Institutional Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation (bolus of food in trachea) — 5 mins.

353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Micro-cephalic idiot with symptomatic epilepsy grand-mal type and spastic paralysis involving

(c) feet predominately — since birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Caples	Deputy Med. Exam. M.D.	Reisterstown, Md.	Mch. 17, '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/52	St. Stanislaus	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/52	A. D. Caples	M.F. SADOWSKI & SONS	1808 EASTERN AVENUE

Charles D. Sadowski

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02699

CERTIFICATE OF DEATH

Reg. Dist. No. 20

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2400 Pickwick Rd - 7

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) C. (Last) SANDLASS
4. DATE OF DEATH: (Month) Mar (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr 20, 1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consulting Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Structural Steel
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sandlass
14. MOTHER'S MAIDEN NAME: Catherine Fortugiebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Henry L. Sandlass 2400 Pickwick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation Aga

Antecedent cause(s) 450.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 19 49, to 3-19, 19 52, that I last saw the deceased alive on 3-19, 19 52 and that death occurred at a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
On Their Staff

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: Mar 22-1952
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county): Balto (State): Md

DATE RECD BY LOCAL REG. 3/20/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: John F. Tuttle ADDRESS: 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

COUNTY BALTIMORE | MARYLAND | RURAL and LENGTH OF STAY (in this place) ROSEDALE

1233 SPRING AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD | COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEDALE

STREET ADDRESS (If rural, give location) 1233 SPRING AVE

(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NANCY	CAROL SCHLEE	3	22	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	SING-E	AUG 1-1951	yrs.	8			

10a. OCCUPATION (Give kind of work during life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		BALTIMORE	

13a. FATHER WILLIAM A. SCHLEE

13b. MOTHER'S MAIDEN NAME VIRGINIA D. MOODY

13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS W.A. SCHLEE 1233 SPRING AVE

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Complete Congenital Atresia of Bile ducts with apparent fistulae

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 months at birth

756.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 1951

19b. MAJOR FINDINGS OF OPERATION Complete Absence of Intrahepatic Ducts

20. AUTOPSY? Yes ☒ No ☐

ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1951, to March 27 1952 that I last saw the deceased alive on March 25, 1952, and that death occurred at 6.05 A.m., from the causes and on the date stated above.

SIGNATURE John C Baier MD (Degree or title) ADDRESS 815 Eastern Ave Essex DATE SIGNED 3-27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	3/29/52	OAKLAWN	BALTIMORE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/52	a W Hedrick	Clarence T. Hoffman	1639 Eastern Ave

VS. 43

PLEASE WRITE PLAINLY, ... UNFADING ... K. Sup... is especially important. Physicians: please write ...

MARGIN RESERVED FOR ...

1

S#: 193

T. 40 R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2701

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6724 Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6724 Dogwood Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) I. (Last) Schmier

4. DATE OF DEATH: (Month) (Day) (Year) March 28, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 20, 18

9. AGE last birthday: 74 yrs. mos.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Orange Grove Howard County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George E. Fox

14. MOTHER'S MAIDEN NAME: Susan J. Seaborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Russell Frizzell, Belmont Ave., Woodlawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hr 45 min

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio Vascular Disease — 4 yrs

(c) /

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anaemia — 15 yrs

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1937, to March 28, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 8.45 A m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost (Degree or title) M.D.

ADDRESS: 6419 Windsor Mill Road, Woodlawn

DATE SIGNED: 3-29-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: March 31, 1952

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: March 29 1952

REGISTRAR'S SIGNATURE: R.W.

FUNERAL DIRECTOR: Miller & Amoran

ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02702

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Warren Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) #1 Warren Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Z. (Last) Schneider
4. DATE OF DEATH (Month) March (Day) 5 – (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April 1-1870	81 yrs.	11	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zinbauer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Joseph Tudor, 1 Warren Rd Essex

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 Hours.
420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	20 years
	(c) Rheumatoid Arthritis	25 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd	March 4-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-6-52	Sacred Heart	Leman Hill Rd. Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5/52	A. W. Hedrick	John G. Connelly	Essex Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]70

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: Catonsville
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville-28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1811 Ardmore

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) SCHULZE

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH:

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unk

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Broncho-pneumonia — 13 days
DUE TO

491X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. senility, generalized arterio-sclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr. 28, 19 52, to March 27, 19 52, that I last saw the deceased alive on March 27 19 52, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE Abraham M. Schneidmuhl, M. D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/31/52
NAME OF CEMETERY OR CREMATORY Baltimore Cem
LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. March 29. 1952
REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR Ulbel Funeral Home ADDRESS 2004 Orleans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02704
Reg. Dist. No.....

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15-1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Patapsco Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Teresa (Middle) F. (Last) Schweiger

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1952

5. SEX F. | 6. COLOR OR RACE W | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH 2-2-09 | 9. AGE last birthday 43 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Schnepf | 14. MOTHER'S MAIDEN NAME ? Brehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Sylvester Schweiger - 104 Patapsco

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 hrs.

331 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-52, 19..., to 3-18-52, 19..., that I last saw the deceased alive on 3-18-52, 19..., and that death occurred at 1 Y Noon m., from the causes and on the date stated above.

SIGNATURE M J Davis (Degree or title) MD | ADDRESS Dundalk Md | DATE SIGNED 3/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-21-52 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/20/52 | REGISTRAR'S SIGNATURE Dr. Hebel | 24. FUNERAL DIRECTOR Lilly & Zeiler | ADDRESS 403 S. Wolfe St.

One

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3270

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (in this place) 45
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 10139 COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Sparrows Point 19
STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lee (Last) Scott

4. DATE OF DEATH: (Month) March (Day) 26th (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: Col | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: December 15th 1887 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sent Rober | 10b. KIND OF BUSINESS OR INDUSTRY: Steel mills | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emanuel Scott | 14. MOTHER'S MAIDEN NAME: Betty Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-09-1481
17. INFORMANT AND ADDRESS: Sarah Scott (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Muscular dystrophy — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

344.1

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to March 26th 1952, that I last saw the deceased alive on March 26th 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. H. Thomas M.D. 107 N. Main St Rendall 22 Apr 52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: Blackstone | LOCATION (City, town, or county): Virginia (State)

DATE REC'D BY LOCAL REG. 3/27/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Baltimore
LENGTH OF STAY (In this place) 37 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1886 MARSHALL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE Dundalk
STREET ADDRESS (If rural, give location) 1886 MARSHALL RD.

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) LUCILLE (Last) SEELEY

4. DATE OF DEATH: (Month) 3- (Day) 26 (Year) 52

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) MARRIED

8. DATE OF BIRTH 10/18/24

9. AGE last birthday 27 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE - MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME RAYMOND RUGEMER

14. MOTHER'S MAIDEN NAME EDNA SPECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS DONALD W. SEELEY - 1886 MARSHALL RD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) STRANGULATION by HANGING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Dundalk | (COUNTY) Balto | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 3- 26-52- ? m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hung self from pipe in kitchen

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE W. W. Davis M.D. (Degree or title) ADDRESS Dept. Med. Exam. Dundalk Md DATE SIGNED 3/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/31/52 | NAME OF CEMETERY OR CREMATORY Balto National | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. March 29 1952 | REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Ullan Funeral Home ADDRESS 2112 Dundalk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02707

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 American Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 117 American Ave.

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) (Last) Seifert

4. DATE OF DEATH: (Month) March (Day) 10/52 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 1, 1913

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Daley

14. MOTHER'S MAIDEN NAME: Minnie A. Younker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Albert J. Seifert, 117 American Ave. Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma rt. Breast & generalized — Interval between onset and death: 2 years

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/28/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rt. Breast & Axillary Metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1950, to Mar. 9, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Arthur Hoover M.D. 2436 Washington Blvd Balto-30 Md. 3/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 13/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park, 3801 Frederick rd. — LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 3/11/52 — REGISTRAR'S SIGNATURE: A W Hearn — 24. FUNERAL DIRECTOR: Harry Hilbert — ADDRESS: 4101 Edmondson Ave

VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annedale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) Shanklin

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952

5. SEX: Male-Mall | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: unknown | 9. AGE last birthday: beyond 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer | 10b. KIND OF BUSINESS OR INDUSTRY: railroad | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Shanklin | 14. MOTHER'S MAIDEN NAME: Rachel Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Baltimore Co. Home - records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 6+ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to March, 1952, that I last saw the deceased alive on March 7, 1952, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M. D. ADDRESS: Cockeysville, Md. DATE SIGNED: 3/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 14/52 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county) (State): Balto. County Maryland.

DATE REC'D BY LOCAL REG.: Mar. 12/52 | REGISTRAR'S SIGNATURE: Wm. J. Schulco Jr. | 24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Road

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 2½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) Register Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Skellman

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 20, 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeremiah J. Sullivan

14. MOTHER'S MAIDEN NAME: Katherine O'Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daniel R. Finn, 110 Burke Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis & Hypertension	Unk.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1952, to Mar 15, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 7:05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas Greene M.D. ADDRESS Towson 4 Md DATE SIGNED 3/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/19/1952 | NAME OF CEMETERY OR CREMATORY: St. Francis | LOCATION (City, town, or county) (State): Abingdon, Harford Md

DATE REC'D BY LOCAL REG.: 3/20/52 | REGISTRAR'S SIGNATURE: Mable C. Gray | 24. FUNERAL DIRECTOR, ADDRESS: Howard R. McComas & Son Abingdon Md

VS. A13

RECEIVED
MAR 21 '52
MEDICAL DEPARTMENT
[illegible] SECURITY

3/27/52 DATE

COPY SENT TO LOCAL REGISTRANT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

.71

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Form 1

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2623 Patterson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7
STREET ADDRESS (If rural, give location) 2659 Purnell Drive

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) (Last) SMITH

4. DATE OF DEATH (Month) Mar. (Day) 27 (Year) 19 52

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan. 2, 1870

9. AGE last birthday 82 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Smith

14. MOTHER'S MAIDEN NAME Margaret Heil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Laura J. Smith - 2659 Purnell Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile infirmities of age

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis

(c) Hypertension Cardiac Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 51, to Mar 27, 19 52, that I last saw the deceased alive on March 27 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Thos J Abbott ADDRESS 4509 Liberty Heights Ave DATE SIGNED Balto 7 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/29/52

NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. March 29 1952

REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02711

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5502 Old Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5502 Old Frederick Rd

3. NAME OF DECEASED (Type or Print): (First) Clary (Middle) V (Last) Spry.

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/14/1872

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Conductor

10b. KIND OF BUSINESS OR INDUSTRY R R Co

11. BIRTHPLACE (State or foreign country) N C

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jessie Spry.

14. MOTHER'S MAIDEN NAME Lizzie Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Anna T Spry.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SUBACUTE CARDIO-RENAL DISEASE. — Interval Between Onset and Death: 6 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to March 3, 1952, that I last saw the deceased alive on March 3, 1952 and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson M.D. ADDRESS Catonsville Md DATE SIGNED 3/4/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial DATE 3/6/52 NAME OF CEMETERY OR CREMATORY Lord Baltimore LOCATION (City, town, or county) Catonsville (State) Md

DATE REC'D BY LOCAL REG. 3-6-52 REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR MacNabb-Lord ADDRESS

RECEIVED
MAR. 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BERLE SQUIRES CERTIFICATE OF DEATH

Reg. Dist. No. 2712

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa Gardens. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa Gardens
STREET ADDRESS (If rural, give location) 33 Maxwell Rd

3. NAME OF DECEASED (Type or Print): (First) C. BERLE (Middle) (Last) SQUIRES

4. DATE OF DEATH (Month) (Day) (Year): Mar. 18 - 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 18-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoeshiner

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Newburg W Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Susan Paxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: W. L. Squires 33 Maxwell Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary oedema	1 hr.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 19 51, to 3/18, 19 52, that I last saw the deceased alive on 3/18, 19 52, and that death occurred at 3 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Josephthen MD ADDRESS: 80 Dunleigh Ave DATE SIGNED: Balto 18 3/18/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 3/21/52 | NAME OF CEMETERY OR CREMATORY: Knights of Pythias | LOCATION (City, town, or county) (State): Newburg W Va

DATE REC'D BY LOCAL REG.: 3/18/52 | REGISTRAR'S SIGNATURE: H. W. Hedrick Dep | 24. FUNERAL DIRECTOR: Geo. L. Berger Jr. ADDRESS: 1512 Hollins St

VS. A15

'71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

VS. A-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | LENGTH OF STAY (in this place) Sixty
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Pelczar Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryhnd — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 35 Pelczar Avenue

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) E (Last) Steen
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W	Widow	Dec. 12, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	at home	Baltimore, Md.	USA

13. FATHER'S NAME: George Eccleston
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. H.M.Steen - 1539 E. 29th. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral apoplexy	3/18/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular disease	2 yrs
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/18, 1952 to 3/25, 1952 that I last saw the deceased alive on 3/25, 1952, and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE: M.M. Baumgardner — (Degree or title) MD — ADDRESS Balto 6 Md — DATE SIGNED 3/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/52	Baltimore Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-27-52		HENRY SANDER & SONS, INC. BALTO., 13, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Bx 207-A Cut Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Bx 207-A Cut Hill Road

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) M. (Last) Stout

4. DATE OF DEATH: (Month) Mar (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 15 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beverly N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Swanson

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mildred Trimble - Cut Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular renal disease

Interval between onset and death: ?

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1943, to March 26, 1952, that I last saw the deceased alive on March 26, 1952, and that death occurred at 11.40A m., from the causes and on the date stated above.

SIGNATURE: J Pleasants M D (Degree or title) ADDRESS: 6217 Harford Rd Baltimore Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/29/52

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: L J Tuck ADDRESS: 5305 Harford Rd.

Dr. Olesen

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 38½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (Balto.)
STREET ADDRESS 1109 Carroll (If rural, give location) Spring Grove State Hospital

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) STRAUCH (Last)

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: John Strauch

14. MOTHER'S MAIDEN NAME: Wilhemenia Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Confluent lobular pneumonia, bilateral DUE TO

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Bronchiectasis - bilateral DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1952, to March 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Virginia Huffer M.D. Spring Grove Hosp. Catonsville Md. 3-16-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	3-18-1952	Western	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/52	[illegible]	John G. Moran	3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 915 Arran Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 915 Arran Road

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) T. (Last) STREICHERT

4. DATE OF DEATH: (Month) 3-10-52 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpender

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Irma Westerkam-915 Arran Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia, prostatic obstruction. — 4 weeks.

610X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — 4 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Carcinoma of the Stomach~~ Cerebral Hemorrhage, recovered — 3 mo.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1951, to March 10, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: A. S. Chalfant (Degree or title) — ADDRESS: 6210 York Rd Baltimore 12 Md. — DATE SIGNED: March 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-13-52 — NAME OF CEMETERY OR CREMATORY: New York City — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3/11/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Wiedefeld & Son — ADDRESS: GREENMOUNT AVE & 22ND

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 271

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 43yrs.7mos.20das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) (Last) Sudbrink

4. DATE OF DEATH: (Month) (Day) (Year) March 12, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4-6-1883 (?)

9. AGE last birthday: 68 (?) yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Sudbrink

14. MOTHER'S MAIDEN NAME: Catherine May Emig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Records, Spring Grove Hospital, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	Years
	(c) Generalized arteriosclerosis	Years

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-, 19 52, to 3-12-, 19 52, that I last saw the deceased alive on 3-12-, 19 52, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Greene M.D. ADDRESS Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED 3-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Mar 15 52 NAME OF CEMETERY OR CREMATORY Baltimore LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3-14-52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Philip Henry Sons ADDRESS 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) Finksburg
OR TOWN
LENGTH OF STAY (in this place) 7 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) Pikesville
OR TOWN
STREET ADDRESS (If rural, give location) Orchard Rd.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Matilda (Last) Sullivan

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Sept 19 1874

9. AGE last birthday: 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Meadow Branch Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Henry Frock

14. MOTHER'S MAIDEN NAME Lydia Banker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Catherine R. Caltrider. Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia - hypostatic — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 4221

(b) Myocarditis - Chronic decompensated — 2 years

(c) Arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-46, to 3-17, 1952, that I last saw the deceased alive on 3/17/52, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul V. Tafft M.D. Reisterstown Md 3/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE OF INTERMENT 3/20/52

NAME OF CEMETERY OR CREMATORY Pleasant Valley

LOCATION (City, town, or county) (State) Carroll Co. Maryland

DATE REC'D BY LOCAL REG. 3/19/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Frank H. Maurer - Pikesville, Md

Dunn

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41-T

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freelande
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural, give location) Freeland Md.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) J (Last) Sultzbaugh
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Sept 28-1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Dauphin Co Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Sultzbaugh
14. MOTHER'S MAIDEN NAME: Catharine Eby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Charles Sultzbaugh Berrysburg Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 12 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - sclerosis

1778.1 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

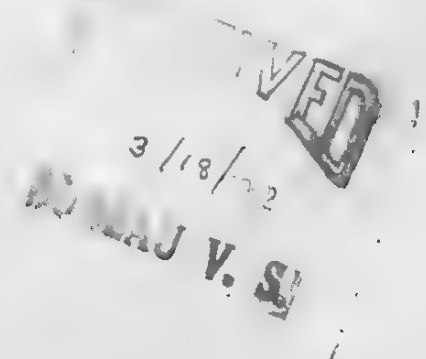
22. I hereby certify that I attended the deceased from ..... , 1948., to Mar 13..., 1952, that I last saw the deceased alive on Mar 11., 1952, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D Carleton Md 3/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar 16 1952
NAME OF CEMETERY OR CREMATORY: Maple Grove
LOCATION (City, town, or county) (State): Elizabethville Pa

DATE REC'D BY LOCAL REG. 3-11-52
REGISTRAR'S SIGNATURE: Mrs Howard D. Markle
24. FUNERAL DIRECTOR: Richard J Hoover ADDRESS: Berrysburg Pa


3/18/22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

027201

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltonsville — LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Pikesville Baltimore ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 102 - 2 2nd ave

3. NAME OF DECEASED (Type or Print): (First) Rosamond (Middle) (Last) Fuller

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 3, 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Thomas Lerpo

14. MOTHER'S MAIDEN NAME: Henrietta Richie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Ella Mackley 4819 Richard ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval Between Onset and Death: 6 yrs?

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 20 yrs?

422.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1952, to Mar. 13, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 2.30 a. m., from the causes and on the date stated above.

SIGNATURE: C. Arthur Rosberg (Degree or title) M.D. ADDRESS 2436 Washington Blvd. Balto-30 Md. DATE SIGNED 3/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: March 15, 1952 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county): Balto Co (State): Md

DATE REC'D BY LOCAL REG. 3/14/52 | REGISTRAR'S SIGNATURE: A A Bushrod

24. FUNERAL DIRECTOR: G. Howard Ellers ADDRESS 1400 Shaker Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

272

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 104 Shipley Ave.

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) (Last) Thomas
4. DATE OF DEATH: (Month) Mch. (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 4 1910
9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gd Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Club
11. BIRTHPLACE (State or foreign country): Granite, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Morris Thomas
14. MOTHER'S MAIDEN NAME: Laura Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-12-5953
17. INFORMANT AND ADDRESS: Mrs. Laura Thomas 104 Shipley Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Mitral Insufficiency	72 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Renal Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 4 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3-, 1952 to 3-15-, 1952; that I last saw the deceased alive on 3-15-, 1952; and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE: Edw. Maloney (Degree or title) M.D. ADDRESS 57 Winters Lane. Balto. 28 DATE SIGNED 3/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mch. 20 1952 | NAME OF CEMETERY OR CREMATORY: Western Star | LOCATION (City, town, or county): Catonsville (State): Md.

DATE REC'D BY LOCAL REG.: 3-19-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Edward J. Kelly Funeral Home ADDRESS: 1605 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 306 Choptank Avenue

3. NAME OF DECEASED: (First) CARLTON (Middle) H. (Last) THOMAS

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-26-11

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Bottled Beer manager

11. BIRTHPLACE (State or foreign country): Hillsboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Thomas

14. MOTHER'S MAIDEN NAME: Grace Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 214-07-8364

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CARCINOMA OF COLON — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1952, to March 3 19 52, [illegible] and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury — (DEGREE OR TITLE) M. D. — ADDRESS: SALISBURY, MD. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-4-52 — NAME OF CEMETERY OR CREMATORY: Cambridge — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 3/6/52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Home, Cambridge, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

VS. A15 (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Forest Drive	STREET ADDRESS (If rural, give location) 101 Forest Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	EDWARD	THOMAS	Mar.	20	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Nov. 25, 1898	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
President	Sand & Gravel	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hezekiah Lee Thomas	Mary Emma Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes World War #1		Mrs. Rhea L. Thomas - 101 Forest Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardio - Respiratory - Failure	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Degeneration + Hypertrophy	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb., 1952, to 20 March 1952, that I last saw the deceased alive on 19 March 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William J. Bryan	4605 Edmondson Ave	22 March 52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/52	Oaklawn Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 22 1952	R.W.	Wm. J. Fickinger & Sons	Balto, Md.

Items 18 & 21 Film G140 3-27-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2721

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37 1

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Parkton) — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) MAR. (Day) 5 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Feb. 19, 1921

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Count. operator

10b. KIND OF BUSINESS OR INDUSTRY: Steel Motors factory

11. BIRTHPLACE (State or foreign country): Balto. City, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Robert Elmer Thompson

14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 204-07-6916

17. INFORMANT AND ADDRESS: Mrs. Mary O. Thompson, Parkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exposure on ... and partially covered

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with snow. Probably froze to death.

(c)

INTERVAL BETWEEN ONSET AND DEA...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mentally unstable

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ☒ nr Home — (CITY OR TOWN) Parkton — (COUNTY) Balto. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) About 11 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Wandered from home. (3-27-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: C. M. France — (Degree or title) M.D. — ADDRESS: Parkton Md — DATE SIGNED: 3/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 8, 1952 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county): Parkville — (State) Md.

DATE REC'D BY LOCAL REG. 6 March 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: F. Scott Brooke, Sparks, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
MAR 12 1992
BUREAU OF LAND MGMT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71 — 2727

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place) 38 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 MARYLAND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 15 MARYLAND AVE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) TIZER

4. DATE OF DEATH: (Month) MAR (Day) 18 (Year) 1952

5. SEX: FEMALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED — 8. DATE OF BIRTH: OCT 24, 1885 — 9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RESTAURANTEUR — 10b. KIND OF BUSINESS OR INDUSTRY: RESTAURANT — 11. BIRTHPLACE (State or foreign country): HUNGARY — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FERENCZ ANTALFFY — 14. MOTHER'S MAIDEN NAME: ANNE RABOTO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: AGNES TIZER 15 MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — 8 days

334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10th, 1952, to March 18th 1952, that I last saw the deceased alive on March 18th 1952, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. Thomas MD. 107 N Main St Dundalk 22 Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAR 21-1952 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): COLGATE MD

DATE REC'D BY LOCAL REG. March 21-1952 — REGISTRAR'S SIGNATURE: Wm. J. Keeley Jr. — 24. FUNERAL DIRECTOR ADDRESS: ULLRICH FUNERAL HOME 2712 DUNDALK AVE

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2726

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural) — LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarettsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural)
STREET ADDRESS (If rural, give location) Jarettsville Pike

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Martin (Last) Tolson

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: ?

9. AGE Last birthday: 72 - ? yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Builders

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2nd.

16. SOCIAL SECURITY NO. 219-07-1545A

17. INFORMANT AND ADDRESS: Landon M. Brooks, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, acute congestive failure	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, chronic myocarditis, decompensated	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Bollin C. Hudson M.D. D.M.E. | Towson Md | 3/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mar 27 1952 | NAME OF CEMETERY OR CREMATORY Jessops | LOCATION (City, town, or county) (State) Sparks, Md

DATE REC'D BY LOCAL REG. Mar. 27, 1952 | REGISTRAR'S SIGNATURE M. Elizabeth Forsyth | 24. FUNERAL DIRECTOR | ADDRESS Landon M. Brooks, Sparks, Md.

VS. A18A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02727

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 804 Olmstead Rd.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) ADOLPH (Last) TRAVERS
4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 16, 1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner & Farmer (rtd)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel C. Travers
14. MOTHER'S MAIDEN NAME: Susan Gould
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. F. Arnold Travers - 804 Olmstead Rd. Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 24 hrs

3317 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, generalized — Interval between onset and death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 April, 1949, to 3-25, 1952, that I last saw the deceased alive on 3-24, 1952, and that death occurred at 7 ☒ A m., from the causes and on the date stated above.

SIGNATURE: Stephen Lee Magness (Degree or title) M.D. ADDRESS: Catonsville 28, Md. DATE SIGNED: 3-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/28/52
NAME OF CEMETERY OR CREMATORY: East New Market Cem.
LOCATION (City, town, or county) (State): Dorchester Co., Md.

DATE REC'D BY LOCAL REG.: 3/27/52
REGISTRAR'S SIGNATURE: a w Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tichner & Sons ADDRESS: Balto (Md.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2272

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayn Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Highlands
STREET ADDRESS (If rural, give location) 4002 Annapolis Rd.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) J. (Last) Treat

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Nov. 16, 1884 — 9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Ohio — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Hennigan — 14. MOTHER'S MAIDEN NAME: Matilda Hennigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mr. Harry E. Treat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Lung Right

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Mar, 1952, to 12 Mar, 1952, that I last saw the deceased alive on 10 Mar, 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Smith M.D. — ADDRESS 1707 Edmondson Ave (28) — DATE SIGNED 13 Mar 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 15, 1952 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-14-52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS John T. Stansbury 2702 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2729

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — MARYLAND — LENGTH OF STAY (in this place) 8 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — STREET ADDRESS (If rural give location) 128 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): First Lillie — Middle Mae — Last Tyler

4. DATE OF DEATH: Month Mar. — Day 14 — Year 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Mar 22 1899

9. AGE last birthday: 52 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Towson, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas S. Ballard

14. MOTHER'S MAIDEN NAME: Rosella Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George Tyler 128 Chesapeake Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial decompensation — Interval between onset and death: 2 yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis & Hypertension — Interval between onset and death: Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443.x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1952, to Mar 14, 1952, that I last saw the deceased alive on Mar 14, 1952, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D., Towson Md. 3/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 3-18-1952 — NAME OF CEMETERY OR CREMATORY: Pleasant Rest — LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG. 3/17/52 — REGISTRAR'S SIGNATURE H. W. Hyland

24. FUNERAL DIRECTOR: Edward Funeral Home — ADDRESS: 1691 Druid Hill Ave.

Drive

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02730

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

1. PLACE OF DEATH: COUNTY Baltimor — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Academy Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 501 Academy Road

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) E. (Last) Walker

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-18-1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Carroll

14. MOTHER'S MAIDEN NAME: Mary Allan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. M. Barratt Walker 501 Academy Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach — Interval Between Onset and Death: about 3 yrs.

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — unknown

19a. DATE OF OPERATION: April 30/1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to March, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lee J. Gara M.D. — Mallow Hill Ave; Balto 29, Md — 3/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-6-52

NAME OF CEMETERY OR CREMATORY: Rock Run Cem

LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG. 3/5/52

REGISTRAR'S SIGNATURE: T E Harry

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son Havre de Grace Md

VS. A15

RECEIVED
MAR 7
BUREAU

731

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown — MARYLAND — LENGTH OF STAY (in this place) 5 hrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Dover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. City. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. — STREET ADDRESS (If rural, give location) 826 N. Augusta ave. Balto 29

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) N. (Last) WALTHER

4. DATE OF DEATH: (Month) Mar (Day) 1 (Year) 1952

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24, '84

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Fire Dept

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick N. Walther

14. MOTHER'S MAIDEN NAME: Anna S. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. — (If yes, give war or dates of service) None.

16. SOCIAL SECURITY NO. 214-14-5466

17. INFORMANT AND ADDRESS: Anna Va. Walther. - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis. — 11 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 4 yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None. — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): Deputy Med. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: Mar 1 '52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/5/52 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Edmondson Ave.

DATE REC'D BY LOCAL REG.: 3/2/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Chas. P. Powell — ADDRESS: 3437 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Young (Last) Warrener

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 19, 1892

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: bldg. supplybus.

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Warrener

14. MOTHER'S MAIDEN NAME: Mary Anne House

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 217-09-0766

17. INFORMANT & ADDRESS: Mrs. Sarah Warrener, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 5 days
420.1
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary sclerosis — 2 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — years

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 50, to March 7, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (DEGREE OR TITLE) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 3-7-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3-10-1952 | NAME OF CEMETERY OR CREMATORY Jessops Methodist | LOCATION (City, town, or county) (State) Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG. 7 March 52 | REGISTRAR'S SIGNATURE Anna Armistead MacRae | 24. FUNERAL DIRECTOR J. Scott Brookes | ADDRESS Sparks.

VS. A II 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02733

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Smithwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3307 Moravia Ave

3. NAME OF DECEASED (Type or Print): (First) Isabelle (Middle) (Last) Krasmuth

4. DATE OF DEATH: (Month) Mar (Day) 2 (Year) 19 52

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Mar 7- 1879 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Krasmuth | 14. MOTHER'S MAIDEN NAME: Mary Geltier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. L. S. Leimbach Name

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute & Chronic Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Degenerative Myocarditis

(c) Arteriosclerosis Generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 19 52, to 2 Mar, 19 52, that I last saw the deceased alive on 2 Mar, 19 52, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Pratt M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 3-5-52 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 3/4/52 | REGISTRAR'S SIGNATURE A. A. Hadrick | 24. FUNERAL DIRECTOR L. J. Luck | ADDRESS 5305 Harford Rd

VS. A15

Dr. McGrath
1707 Edmondson

104 Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place): 34 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Yorkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 28 Shipway

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) DONNELL (Last) WEEDER

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 52 19

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/12/1877

9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila. Penna.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. J. Ayres

14. MOTHER'S MAIDEN NAME: Mary Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. A.K.Young, 13 Yorkway, Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the Tongue	21 months
1411 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis (Chronic)	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 48, to March 1, 19 52, that I last saw the deceased alive on March 1, 19 52, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: David H. Andrews. (Degree or title): M.D. ADDRESS: 33 Dundalk Avenue (22) DATE SIGNED: 3/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/4/52

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG.: March 3-1952

REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Walter Brooks Bradley

ADDRESS: Walter Brooks Bradley, Dundalk, Md.

RECEIVED
MAR 5 1952
BUREAU V. S.

0735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (In this place) 3½ years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5815 Talbert Ave.

3. NAME OF DECEASED (Type or Print): (First) Gladys. (Middle) W. (Last) Weis
4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 27, 1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Reisterstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ambrose
14. MOTHER'S MAIDEN NAME: Alberta Beltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: William F. Weis (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

Antecedent cause(s) (b) Pulmonary Tuberculosis — 11 years.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 30, 1948, to March 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 6:29 p.m., from the causes and on the date stated above.

SIGNATURE: C. Purnell MD (Degree or title) — ADDRESS: Mt. Pleasant, Reisterstown, Md. — DATE SIGNED: 3/15/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 3/18/52 — NAME OF CEMETERY ~~OR CREMATORY~~: All Saints — LOCATION (City, town, or county) (State): Reisterstown Md.

DATE REC'D BY LOCAL REG.: 3/17/52 — REGISTRAR'S SIGNATURE: H. W. Redland — 24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul St. Balto. 16 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3607 Calloway Place

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) (Last) Wheeden
4. DATE OF DEATH: (Month) (Day) (Year) March 8, 1952

5. SEX: M
6. COLOR OR RACE: W
SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: July, 20, 1881
9. AGE last birthday: 70 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Paper
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas J Wheeden SR.
14. MOTHER'S MAIDEN NAME: Arabella Bradyhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-7924
17. INFORMANT AND ADDRESS: Mr. H Ford Wheeden 1525 E. 29 St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardio Vascular	24-May
	(c) Disease	1948

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24-May, 1948, to 8-March, 1952, that I last saw the deceased alive on 5-March, 1952, and that death occurred at 3.25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Leas W. Edmonds MD | 2746 The Alameda | 10-Mar-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 11, 1952
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 3/11/52
REGISTRAR'S SIGNATURE: a a Hedgcock
24. FUNERAL DIRECTOR: Henry Sander & Sons, Inc.
ADDRESS: Baltimore Md. George J Sander

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

737

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Baltimore
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6405 Sharon Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL -- Baltimore
STREET ADDRESS (If rural, give location) 6405 Sharon Road

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Wilson (Last) Whiteside

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 2, 1916

9. AGE last birthday: 35 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tallyville, New Castle Co., Del.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Leslie D. Wilson

14. MOTHER'S MAIDEN NAME: Emma Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William F. Whiteside - 6405 Sharon Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Haemorrhagic Nephritis

(c) Nephrolithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..... to ....., 19....., that I last saw the deceased alive on 3/29, 1952, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. H. Ewald Jr. — ADDRESS 36 York Court, Baltimore — DATE SIGNED 3 - 29 - 52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 4 - 1 - 52 — NAME OF CEMETERY OR CREMATORY Gracelawn Memorial Park — LOCATION (City, town, or county) (State) Farnhurst, Del.

DATE REC'D BY LOCAL REG. March. 29 1952 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place Baltimore, Md.

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY IN INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A16

1. NAME OF DECEASED (Type or Print): Sylvia C. Williams

2. DATE OF DEATH: March 30, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 621 Murdock Road
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 621 Murdock Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Sept. 23, 1869	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	Dwelling	Ellicott City, Maryland	

13. FATHER'S NAME: Silas W. Hazeltine

14. MOTHER'S MAIDEN NAME: Abigail [illegible]. Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		[illegible] C. Williams, 1621 Murdock Road

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

DUE TO

(B) Diabetes Mellitus — Undetermined

DUE TO

(C)

II. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. I hereby certify that I attended the deceased from Feb 7, 1948 to Mar 30, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 8:20 P m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Howard R. Hazeltine M. D.	427 Stephen St Belair	April 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
[illegible]	[illegible]	[illegible]	[illegible]

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 1 1952	Huntington Williams, M.D.	Wm. Cook, Inc.	[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2739

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4235 Cardwell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 4235 Cardwell Ave.

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) E. (Last) WILLINGHAN

4. DATE OF DEATH: (Month) March (Day) 20th, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 27, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Grammer

14. MOTHER'S MAIDEN NAME: Annie Eppert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Miss Ethel Willinghan, 4235 Cardwell Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — Interval between onset and death: [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 19[illegible], to 3-20, 19[illegible] that I last saw the deceased alive on 3-20, 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: March 24, 1952

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Mar. 21-1952

REGISTRAR'S SIGNATURE: Mrs. A. L. Reifsnider

24. FUNERAL DIRECTOR: Kasselus Funeral Home

ADDRESS: 7401 Belair Rd.

RECEIVED
MAR 24 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7412

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1—851

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Bloomfield

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3324 Washington Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomfield

STREET ADDRESS (If rural, give location): 3324 Washington Boulevard

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	A.	Wilson	March	10,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	white	married	Nov. 30, 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer - Ret.		Frederick, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unk.	Mahaley Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Sarah J. Wilson, 3324 Washington Boulevard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 11, 1950, to March 10, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 2:45 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
C. Arthur Rossberg M.D.		2436 Washington Blvd - 30	3/11/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	3/13/52	Loudon Park Cemetery	Baltimore,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Wm. Cook, Inc.,	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5741

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4151

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (In this place): 8 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 716 West Hills Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 716 West Hills Parkway

3. NAME OF DECEASED (Type or Print): (First) FELIX (Middle) (Last) WOLFSON

4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 30 1867

9. AGE last birthday: 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Stock Exchange

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Solomon Wolfson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 081-09-9421

17. INFORMANT AND ADDRESS: Robert S. Wolfson 716 West Hills Pkwy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebro-Vascular Accident — Interval Between Onset and Death: Minutes

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Generalized Arteriosclerosis — Years

(c): Abdominal mass — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1952, to March 8, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James J. Nolan M.D. — ADDRESS: 6014 Edmondson Ave Catonsville Md — DATE SIGNED: 3/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Mar 11, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 3/10/52 — REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: John F. Geipel — ADDRESS: 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012742

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, 288 CC Pikesville Rd.
STREET ADDRESS (If rural, give location) Presbyterian Home

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Carns (Last) Woodward

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 13, 1854

9. AGE last birthday: 98 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Wesley Carns

14. MOTHER'S MAIDEN NAME: Mary Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. T. E. Elliott Presbyterian Home Towson ~~Md.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial decompensation — Interval between onset and death: 2 yrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis & Hypertension — Interval between onset and death: Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 50, 19..., to Mar 25, 1952, that I last saw the deceased alive on Mar 25, 52, 19..., and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Towson-Md 3/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Entombment

DATE THEREOF: March 28, 1952

NAME OF CEMETERY OR CREMATORY: Green Mount

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/28/52

REGISTRAR'S SIGNATURE [signature]

24) FUNERAL DIRECTOR: John O. Mitchell & Sons

ADDRESS: 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH 12743

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2843 Louisiana ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
STREET ADDRESS (If rural, give location) 2843 Louisiana Ave

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) (Last) Young

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 7 1876 | 9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithog. | 10b. KIND OF BUSINESS OR INDUSTRY B&O Street Car | 11. BIRTHPLACE (State or foreign country) Dept Finance | 12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Joseph Young | 14. MOTHER'S MAIDEN NAME Dent Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 2-13-20-0826 | 17. INFORMANT AND ADDRESS Ida B Young 2843 Louisiana ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral hemorrhage - left - Right complete hemiplegia — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 5-10 yrs

(c) Generalized arteriosclerosis — 5-10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to 3-29-52, 19....., that I last saw the deceased alive on 3-28-52, 19....., and that death occurred at 12.35 a.m., from the causes and on the date stated above.

SIGNATURE R. Evans M.D. (Degree or title) ADDRESS 642 Nich. Dr DATE SIGNED 3-29-52.

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Apr 2, 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem | LOCATION (City, town, or county) (State) Brooklyn, B.C. Co, Md.

DATE REC'D BY LOCAL REG. 3/31/52 | REGISTRAR'S SIGNATURE H.W. Redeal | 24. FUNERAL DIRECTOR ADDRESS P. Howard Evans 1400 S. Clarke St Baltimore 30 Md.